**ACORD 340 (2016/03)**

**AGENCY CUSTOMER ID:**

---

**AGENCY**

**POLICY NUMBER**

**EFFECTIVE DATE**

**CARRIER**

**NAIC CODE**

---

**EFFECTIVE DATE OF CHANGE**

**EFFECTIVE TIME OF CHANGE**

**AM PM**

**= TYPE OF CHANGE**

(A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE

---

**AIRCRAFT INFORMATION**

(Attach ACORD 331 or 341, Pilot Experience, for all pilots that will operate the aircraft and for whom you require coverage)

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<table>
<thead>
<tr>
<th>AIRCRAFT #</th>
<th>REG NUMBER</th>
<th>ENGINE TYPE</th>
<th>HORSE-POWER</th>
<th>YEAR</th>
<th>ENGINE HOURS</th>
<th>12 MO</th>
<th>SEATING</th>
<th>CAPACITY</th>
<th>VALUE</th>
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</table>

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**AIRCRAFT STORAGE**

HANGARED: TIED-OUT: MOORED: MOORED:

---

**TERRITORY:**

---

**COVERAGE**

**OPTIONS**

**LIMIT**

**APPLIES TO**

**DEDUCTIBLE**

**APPLIES TO**

**PREMIUM**

---

**AIRCRAFT HULL**

VALUATION TYPE:

AGREED AMOUNT:

INSURED AMOUNT:

---

**AIRCRAFT LIABILITY**

$ EA OCC

$ EA PASS

$ EA PAS

$ AGGR

---

**MEDICAL PAYMENTS**

INCLUDING CREW:

EXCLUDING CREW:

$ EA PERS

---

**CODE**

**DESCRIPTION**

**OPTIONS**

**LIMIT**

**APPLIES TO**

**DEDUCTIBLE**

**APPLIES TO**

**PREMIUM**

---

OPEN PILOT WARRANTY (Carrier normally completes description - Attach ACORD 101, Additional Remarks Schedule, if more space is required)

---

**FORM NUMBER:**

**FORM NAME:**

**DESCRIPTION**

---

**BASE AIRPORT INFORMATION**

---

**LOCATION:**

**AIRPORT ID:**

**NAME:**

**CITY:**

**STATE:**

**LENGTH OF LONGEST RUNWAY:**

**WIDTH OF LONGEST RUNWAY:**

**ARE RUNWAYS PAVED:**

**Y / N**

---

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### Corporate Non-Owned Company Applicants Information

**MESSAGE TO INSURER:**

If you have any additional comments or questions, please feel free to reach out to us directly. Your feedback is always valued and appreciated. We look forward to continuing to support your insurance needs.

**CONTACT INFORMATION:**

- **Phone:** 123-456-7890
- **Email:** info@acord.org
- **Website:** www.acord.com

---

**CORPORATE NON-OWNED COMPANY APPLICANTS INFORMATION**

**AGENCY CUSTOMER ID:**

<table>
<thead>
<tr>
<th>FLYING HOURS</th>
<th>LAST YEAR:</th>
<th>NEXT YEAR:</th>
<th>PASSENGER TYPE</th>
<th>AVERAGE NUMBER OF PASSENGERS PER TRIP</th>
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</table>

**NUMBER OF BRANCH OFFICES:**

**TOTAL EMPLOYEES:**

**EMPLOYEES WHO ARE PILOTS:**

**EMPLOYEES EMPLOYED IN A PILOT CAPACITY:**

**EMPLOYEES OWNING AIRCRAFT:**

**EMPLOYEES WHOSE REGULAR DUTIES INCLUDE AIRCRAFT TRAVEL:**

---

**AVERAGE NUMBER OF PASSENGERS PER TRIP:**

- **EMPLOYEES:**
- **FAMILY MEMBERS:**
- **GUESTS:**

---

**CORPORATE NON-OWNED COMPANY APPLICANTS INFORMATION**

**STATE:**

**HOME OFFICE:**

**ADDRESS:**

**PHONE:**

**FAX:**

**EMAIL:**

**WEBSITE:**

---

**TURBINE AIRCRAFT (if applicable)**

<table>
<thead>
<tr>
<th>FLYING HOURS</th>
<th>LAST YEAR:</th>
<th>NEXT YEAR:</th>
<th>PASSENGER TYPE</th>
<th>AVERAGE NUMBER OF PASSENGERS PER TRIP</th>
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<tbody>
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</table>

**MAINTENANCE FACILITY:**

**MAINTENANCE PROGRAM:**

**IS THE AIRCRAFT EQUIPPED WITH A TRAFFIC AND/OR TERRAIN COLLISION AVOIDANCE SYSTEM?**

- **YES:**

**MAKE:**

**MODEL:**

---

**AGRICULTURAL AIRCRAFT (if applicable)**

**ENTER NAMES USED IN ANY FORMER AERIAL APPLICATION BUSINESS**

**# YEARS CONDUCTING AERIAL AGRICULTURAL OPERATIONS:**

**HOME STATE OF AGRICULTURAL OPERATIONS:**

**DESCRIPTION OF OPERATIONS IN OTHER STATES:**

**IF YOU PARTICIPATE IN NAAA PAASS SAFETY PROGRAM, ENTER LAST DATE COMPLETED:**

**NUMBER OF AIRCRAFT OWNED, LEASED OR OPERATED BY YOU:**

**Number of Aircraft Owned, Leased or Operated by You:**

**Number of Aircraft Owned, Leased or Operated by You**

**Number of Aircraft Owned, Leased or Operated by You**

**Number of Aircraft Owned, Leased or Operated by You**

**AVERAGE NUMBER OF PASSENGERS PER TRIP:**

- **EMPLOYEES:**
- **FAMILY MEMBERS:**
- **GUESTS:**

---

**EXPLANATION:**

**DATE OF LOSS:**

**HAVE YOU HAD ANY WORKERS COMPENSATION CLAIMS?**

**DATE OF LOSS:**

**ARE YOU A MEMBER OF YOUR STATE AGRICULTURAL AVIATION ASSOCIATION?**

**ARE YOU A MEMBER OF ANY OTHER STATE AGRICULTURAL AVIATION ASSOCIATION?**

**ARE YOU A MEMBER OF THE NATIONAL AGRICULTURAL AVIATION ASSOCIATION?**

**DO YOU SPRAY PICLORAM FORMULATIONS (i.e., Tordon, Grazon, etc.)?**

**DO YOU SELL, DISTRIBUTE OR PROVIDE ANY CHEMICALS?**

**DO YOU SPRAY OVER ANY RESIDENTIAL (OR POPULATED) AREAS?**

**DO YOU SPRAY RIGHT-OF-WAYS?**

---

**ADDITIONAL USES:**

- **Fire Fighting**
- **Banner / Glider Towing**

---

**DESCRIPTION OF ADDITIONAL USES:**

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**DESCRIPTION OF ADDITIONAL USES:**
### ADDITIONAL INTEREST

<table>
<thead>
<tr>
<th>INTEREST</th>
<th>NAME AND ADDRESS</th>
<th>RANK</th>
<th>EVIDENCE</th>
<th>CERTIFICATE</th>
<th>INTEREST IN ITEM NUMBER</th>
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<tbody>
<tr>
<td>ADDITIONAL INSURED</td>
<td>NAME (On Current Policy):</td>
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<tr>
<td>BREACH OF WARRANTY</td>
<td>NAME:</td>
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<tr>
<td>CO-OWNER</td>
<td>STREET:</td>
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<tr>
<td>LEASEBACK OWNER</td>
<td>CITY:</td>
<td>STATE:</td>
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<tr>
<td>LENDER'S LOSS PAYABLE</td>
<td>ZIP:</td>
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<td></td>
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<tr>
<td>LIENHOLDER</td>
<td>COUNTRY:</td>
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<tr>
<td>LOSS PAYEE</td>
<td>REFERENCE / LOAN #:</td>
<td></td>
<td>INTEREST END DATE:</td>
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<tr>
<td>MORTGAGEE</td>
<td>LIEN AMOUNT:</td>
<td>PHONE (A/C, No, Ext):</td>
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<td>FAX (A/C, No):</td>
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<td>E-MAIL ADDRESS:</td>
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### REASON FOR INTEREST:

### POLICY COVERAGE

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>OPTIONS</th>
<th>LIMIT</th>
<th>APPLIES TO</th>
<th>DEDUCTIBLE</th>
<th>APPLIES TO</th>
<th>PREMIUM</th>
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<tbody>
<tr>
<td>AIRCRAFT HULL</td>
<td>VALUATION TYPE</td>
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<td></td>
<td>AGREED AMOUNT</td>
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<td>INSURED AMOUNT</td>
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<td>AIRCRAFT LIABILITY</td>
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<td>EA OCC</td>
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<td>EA PASS</td>
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<td>EA PERS</td>
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<td>AGGR</td>
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<td>MEDICAL PAYMENTS</td>
<td>INCLUDING CREW</td>
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<td>EXCLUDING CREW</td>
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### CODE

<table>
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<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>OPTIONS</th>
<th>LIMIT</th>
<th>APPLIES TO</th>
<th>DEDUCTIBLE</th>
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### LENDER'S LOSS PAYABLE

| AGENCY CUSTOMER ID: | |
| $ | |
| $ | |
| $ | |

ACORD 340 (2016/03)
<table>
<thead>
<tr>
<th>Question</th>
<th>Aircraft Registration #</th>
<th>Y / N</th>
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</thead>
<tbody>
<tr>
<td>1. Does the applicant own any other aircraft not listed?</td>
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<tr>
<td>2. Does the aircraft have other than a standard airworthiness certificate in full force and effect?</td>
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<tr>
<td>3. Has aircraft been equipped with any modifications not provided by the original manufacturer that alter the flying characteristics?</td>
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<td>4. Do you anticipate the aircraft to be operated outside the contiguous United States?</td>
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<td>5. Is there any unrepaired damage to the aircraft?</td>
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<tr>
<td>6. Will the aircraft be used for any purpose(s) for which a charge is made other than those allowed in FAR Part 91?</td>
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<tr>
<td>7. Will the aircraft be used for other than the transportation of persons (such as Hunting, Aerial Applications, Patrol, Research, etc.)?</td>
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<tr>
<td>8. Will the aircraft be used for student or pilot instruction other than for recurrent training of named pilots? If &quot;YES&quot;, provide all details.</td>
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<td>9. Will the aircraft be normally operated from other than paved airports? If &quot;YES&quot;: Where: Purpose: Frequency:</td>
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<td>10. Will the aircraft be operated off airport?</td>
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Remarks (Attach ACORD 101, Additional Remarks Schedule, if more space is required)