Torus National Insurance Company
Harborside Financial Center
Plaza Five, Suite 2600
Jersey City, NJ 07311
Tel: 201 743 7700

APPLICATION FOR AVIATION POLICY
APPLICANT SECTION

Applications will not be considered unless this form has been signed and witnessed. **IMPORTANT:** ***This application becomes a part of your policy and, therefore, it is mandatory that each question be answered fully and truthfully.***

Name of Applicant: _____

Address: _____

Occupation: _____

Insurance is required for the period: _____

GEOGRAPHICAL LIMITS: Policy covers land areas of USA (excluding Alaska and Hawaii), Mexico, the Bahamas, and Canada (*excluding* areas N. of 54 degrees N. Latitude). Please state if Policy cover is to include:

Alaska ____ Canadian Areas N. of 54 degrees N. Latitude ____ Other (Please Specify) _____

AIRCRAFT: Please list the registration number(s) of all aircraft for which you require coverage and attach an aircraft section (form TNI 0003B) for each.

_____
_____
_____

PILOTS: PLEASE LIST BY NAME ALL PILOTS WHO WILL OPERATE INSURED AIRCRAFT along with the registration numbers of the applicable insured aircraft for each. A separate pilot history form for each pilot is required and will form a legal part of your policy.

_____
_____
_____

The policy provides no coverage when aircraft are operated by persons other than Pilots that are named in the Policy or that meet all of the requirements of the Additional Pilot Clause, if applicable.

All pilots must be in compliance with the Flight Review requirements of FAR 61.56 and be in possession of a current valid Medical Certificate and be rated for the make and model being flown, unless otherwise stated.

AVIATION ACCIDENT AND CLAIMS HISTORY: Please list **all** violations, suspensions, accidents, and incidents, whether or not a claim was made or an insurance payment was involved. Check here if NONE_____☐

Date	**Description**	**Amount Paid**

Has any insurer canceled or declined to renew any aviation insurance for the applicant in the past five years?
[YES/NO] _____ (This question not applicable in Missouri)
If yes give details: _____

I/we affirm that the statements in this application are true to the best of my/our knowledge and belief, are made in good faith, and no information has been withheld or suppressed which would adversely affect my/our pilot rating(s) or approval by the Insurer(s). Such statements and answers will be the basis of any contract between me/us and the Insurer(s) and shall be effective only if all statements and answers referred to above are full, complete and true on the date set forth below. I/we hereby authorize the Insurer(s) or their agents to investigate any or all statements contained in this application. I/we hereby authorize the FAA to release my/our pilot details to Torus National Insurance Company and its agents to verify the above statements. Torus national Insurance Company and its agents are also authorized to request my/our motor vehicle driving record(s).
I/we understand that this application does not commit the Insurer(s) to any liability whatsoever until the Insurer(s) agree to effect such Insurance coverages as have been applied for by this application.

Signature of Applicant _____ Date _____

Signature of Witness _____
Printed Name of Witness _____
Address of Witness _____

Name and Address of Producer: _____
Producer Signature _____ (Applicable in New Hampshire)

FRAUD WARNINGS

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud." Insurers may comply with the warning requirement by attaching an addendum to the application or claim form.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicant Signature:_____

Torus National Insurance Company
Harborside Financial Center
Plaza Five, Suite 2600
Jersey City, NJ 07311
Tel: 201 743 7700

APPLICATION FOR AVIATION POLICY
AIRCRAFT SECTION

Complete separate page for each aircraft to be insured. *IMPORTANT:* This application forms part of your policy and, therefore, it is mandatory that each question be answered fully and truthfully.

Name of Applicant: _____

AIRCRAFT

Year, Make and Model	Registration Number	Seats		Undercarriage Type (Tailwheel, Retractable, Floats, Skis, etc.)
		Crew	Pass.	

Name and address of party in whose name the aircraft is registered:_____
_____

COVERAGES

I. Combined Single Limit Liability

Each Occurrence

A. Bodily Injury Excluding Occupants, B. Property Damage

[In/Ex] _____cluding C. Passenger Bodily Injury Excluding Crew.

C. limited to: $_____ Each Passenger

II. Medical Expense [In/Ex]_____cluding Crew limited to: $_____ Each Person

III. Aircraft Physical Damage Insurance

Amount Requested $_____

____ (if limited to Ground Not in Motion Only)

Note: Lienholder's interest must not exceed 95% of the Amount Requested.

PURPOSES OF USE (The aircraft shall be used *only* for the purposes indicated by a)

_____ A. **Pleasure Use Only**: means use for the Insured's private and pleasure purposes; not for any business or professional use and *excluding* any operation for which a charge of any kind is made.

_____ B. **Pleasure and Business**: means personal and pleasure use and includes use in connection with the Insured's business, transportation of executives, employees, guests and customers, but *excluding* any operation for which a charge of any kind is made.

_____ C. **Limited Commercial**: means including instruction and rental and including all uses permitted in A. and B. above, but *excluding* the transportation of passengers and/or cargo for hire or reward.

_____ D. **Commercial Excluding Instruction and Rental:** means the transportation of passengers and/or cargo for hire or reward and including all uses in A. and B. above, but *excluding* instruction and rental**.**

_____ E. **Commercial**: means all uses included in B. and C. above, and including the transportation of passengers and/or cargo for hire or reward.

_____ F. **Special Uses** defined as: _____
_____
(Any use not listed in A., B., C., D. or E. must be listed in F. to be covered in the Policy.)

1. Number of hours the aircraft was flown during the last 12 months: _____

2. The aircraft is principally kept: Hangared ____ Tied Down ____ Moored ____ At (airport ID) _____

3. If aircraft certificate is other than Standard, please indicate type: _____

4. Details of extra equipment fitted: _____
_____

5. Name and address of any other parties with a financial interest in the aircraft (ie. lienholder, losspayee, part owner, lessee, lessor, etc.):
_____
_____
_____

Applicant Initials: _____