

OLD REPUBLIC INSURANCE COMPANY



AIRCRAFT FLEET ADDENDUM

Applicant Name: _____

Please number each additional aircraft in the event there is a question for easy identification.

Aircraft # _____

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 Pass. _____

FAA No.: _____ Purchase Year: _____ New Used Land Sea Amphib

| Physical Damage Coverage | Agreed Value | Deductibles | | |
|--|--------------|-------------|---------------|-----------|
| | | In Motion | Not-In-Motion | Ingestion |
| <input type="checkbox"/> All Risk Ground and Flight | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> All Risk Ground Only | | | | |
| <input type="checkbox"/> All Risk Ground Not In Flight | | | | |

If Airworthiness Certificate is other than Standard, please identify category: _____
 Describe any STC's, modifications or unrepaired damage: _____

| Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section) | Each Person | Each Occurrence |
|---|-------------|-----------------|
| Bodily Injury - Excluding Passengers | \$ | \$ |
| Property Damage | | \$ |
| Passenger Liability | \$ | \$ |
| Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage | | \$ |
| <input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to: | \$ | |
| Medical Expenses <input type="checkbox"/> Excluding Crew | \$ | \$ |
| <input type="checkbox"/> Other Liability: | \$ | \$ |

| | | |
|--|-------------------------|--|
| Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul | Engine Make/Type: _____ | Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____ |
|--|-------------------------|--|

| | | |
|---|--|---|
| Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangared <input type="checkbox"/> Paved Runway Length in feet: _____ | Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS | If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ % |
|---|--|---|

Applicant is: Sole Owner Lessee Owner subject to Lien Other explain: _____
 Lienholder Name/Attn.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: Yes No

Aircraft # _____

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 Pass. _____

FAA No.: _____ Purchase Year: _____ New Used Land Sea Amphib

| Physical Damage Coverage | Agreed Value | Deductibles | | |
|--|--------------|-------------|---------------|-----------|
| | | In Motion | Not-In-Motion | Ingestion |
| <input type="checkbox"/> All Risk Ground and Flight | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> All Risk Ground Only | | | | |
| <input type="checkbox"/> All Risk Ground Not In Flight | | | | |

If Airworthiness Certificate is other than Standard, please identify category: _____
 Describe any STC's, modifications or unrepaired damage: _____

| Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section) | | Each Person | Each Occurrence |
|---|--|---|-----------------|
| Bodily Injury - Excluding Passengers | | \$ | \$ |
| Property Damage | | | \$ |
| Passenger Liability | | \$ | \$ |
| Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage | | | \$ |
| <input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to: | | \$ | |
| Medical Expenses <input type="checkbox"/> Excluding Crew | | \$ | \$ |
| <input type="checkbox"/> Other Liability | | \$ | \$ |
| Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul | Engine Make/Type: _____ | Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____ | |
| Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangared <input type="checkbox"/> Paved Runway Length in feet: _____ | Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS | If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ % | |
| Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Owner subject to Lien <input type="checkbox"/> Other explain: _____ | | | |
| Lienholder Name/Attn.: _____ | | | |
| Address: _____ | | | |
| City: _____ State: _____ Zip Code: _____ | | | |
| Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: <input type="radio"/> Yes <input type="radio"/> No | | | |
| For additional aircraft please attach an "Aircraft Fleet Addendum" <input type="checkbox"/> Aircraft Fleet Addendum Attached | | | |

Aircraft # _____

Make/Model _____ Year: _____ Seating Capacity: Crew _____
 FAA No.: _____ Purchase Year: _____ New Used Land Sea Amphib Pass. _____

| Physical Damage Coverage | Agreed Value | Deductibles | | |
|--|--------------|-------------|---------------|-----------|
| | | In Motion | Not-In-Motion | Ingestion |
| <input type="checkbox"/> All Risk Ground and Flight | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> All Risk Ground Only | | | | |
| <input type="checkbox"/> All Risk Ground Not In Flight | | | | |

If Airworthiness Certificate is other than Standard, please identify category: _____
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| Liability Coverage (for Aerial Applications, complete Chemical Liability in Aerial Section) | | Each Person | Each Occurrence |
|---|--|---|-----------------|
| Bodily Injury - Excluding Passengers | | \$ | \$ |
| Property Damage | | | \$ |
| Passenger Liability | | \$ | \$ |
| Single Limit Bodily Injury <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers and Property Damage | | | \$ |
| <input type="checkbox"/> Passenger Bodily Injury Limited to: <input type="checkbox"/> All Bodily Injury Limited to: | | \$ | |
| Medical Expenses <input type="checkbox"/> Excluding Crew | | \$ | \$ |
| <input type="checkbox"/> Other Liability: | | \$ | \$ |
| Engine Hours: _____ <input type="checkbox"/> Since New <input type="checkbox"/> Since Major Overhaul | Engine Make/Type: _____ | Hours flown last 12 months: _____ Est. hours flown next 12 months: _____ Est. passenger load next 12 months: _____ | |
| Aircraft based at (identify): _____ <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hangared <input type="checkbox"/> Paved Runway Length in feet: _____ | Aircraft Equipment: <input type="checkbox"/> TCAS / TIS <input type="checkbox"/> Angle of attack indicator <input type="checkbox"/> TAWS / GPWS | If operated for hire, percentage of use: Passenger: _____ % Instruction: _____ % Cargo: _____ % Rental: _____ % Other: _____ % | |
| Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Owner subject to Lien <input type="checkbox"/> Other explain: _____ | | | |
| Lienholder Name/Attn.: _____ | | | |
| Address: _____ | | | |
| City: _____ State: _____ Zip Code: _____ | | | |
| Amount of Lien (excluding interest and charges): \$ _____ Breach of Warranty Required?: <input type="radio"/> Yes <input type="radio"/> No | | | |