



AOPA INSURANCE AGENCY

HANGAR INSURANCE PROGRAM APPLICATION

Please answer all questions; if the answer is none, state none.

Mail your application to **PO Box 578, Frederick, MD 21705**. If you prefer, you can call us at **800.622.AOPA (2672)**, email us at **aopainsurance@aopa.org**, or visit us online at **aopainsurance.org**.

1 Policyholder Information

Policyholder/Registered Owner _____
 Mailing Address _____

 Entity Type (Individual, Partnership, etc.) _____
 Holding Company _____
 No Yes
 AOPA Member No. _____
 Occupation _____
 Other Owners _____

Contact Information

Primary Contact Name _____
 Address _____

 Mobile _____
 Home _____
 Work _____
 Email _____
 Alternate Email _____
 Account Executive (if known) _____

2 Hangar Information

Property Address	Airport Name	Airport Identifier	Year Built	Sq. Feet	Type Construction	#of Stories	Vacant (Y/N)	Building Value	Business Personal Property Value	Business Income/Extra Expense Value

# of Aircraft in Hangar		Premises Limit		Hangarkeeper's Liability Limit <i>Each Loss/Each Aircraft</i>	
Building Limit		Damage To Premises Rented To You		Garagekeeper's Liability Limit <i>Each Loss/Each Aircraft</i>	
Personal Property Limit		Personal & Advertising Injury Limit		War Liability Limit	
Income/Extra Expense Limit		Medical Expense			

Additional Information Regarding Hangar:

3 Loss Payable/Additional Insured (if applicable)

Name	Address	City, State	Zip

Name	Address	City, State	Zip

4 Claims/Cancellations

In the last five years, have you had any claims or policy cancellations/non-renewal? No Yes If yes, please describe

5 Acknowledgement and Affirmation

I wish to have my coverage effective on or my current policy expires on _____ or as soon as possible thereafter.

I/We hereby certify that all information provided in this application is true and complete to the best of my/our knowledge and no information has been withheld and no insurance company has cancelled or non-renewed my/our coverage in the past. This application does not bind the applicant or any insurance company to provide insurance. I/We agree that this application and the terms and conditions of the policy to be issued shall be the basis of the contract between the insurance company and me/us. I understand that no insurance is in force unless and until the insurance company or its authorized representative effects a binder of insurance or issues the policy. I/We authorize the insurance company or its authorized representative, at their option, but without obligation to do so, to investigate the statements contained herein. I/We further certify that no property described herein has any unrepaired damage as of the desired effective date of coverage being requested. I/We authorize AOPA Insurance Agency to represent me/us in placing this insurance. 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.

Signature of Applicant

Date