

AIRCRAFT INSURANCE APPLICATION

Named Insured (Applicant) and Address:

O'Berg Aviation Service, LLC
Steven O'Berg

Smithville, MO 64089

Insurance Company:

US Specialty Insurance Company

Applicant Type: LLC

Type of Business/Occupation: Pilot

Effective Dates: 9/3/2014 12:01 am - 9/3/2015 12:01 am

AOPA #

EAA #

Aircraft

N #	Aircraft	Type	Crew Seats	Pas Seats
N877UP	1985 Christen Industries, Inc. Pitts S-2B	Land	.1	1
N #	Purpose of Use	Storage	Eng Hours	Eng HP
N877UP	Pleasure & Business Airshow Writer - Charge for Rides - NO DUAL	Hangared	100	260

Base Airport

N #	Airport Identifier and Name	Paved Runways?	Airport Type
N877UP	GPH - Midwest National Air Center Airport	Yes	Public

Insurance Coverages & Limits

Limits of Liability

N #	Coverage	Per Passenger	Per Occurrence	Premium
N877UP	Aircraft Liability - CSL, BI and PD incl. pass			

Medical Payments

N #	Coverage	Per Passenger	Per Occurrence	Premium
N877UP	Aircraft Medical Payments			

Physical Damage

N #	Coverage	Agreed Value	Not In Motion Deductible	In Motion Deductible	Premium
N877UP	Ground and Flight				

Other Coverages

N #	Coverage	Premium
N877UP		

TOTAL YEARLY PREMIUM

Pilot Information

Steven O'Berg

Age	Certificate	Pilot Qualifications							Pilot logged hours							Last 12 Mos		
		S E L	M E L	I F R	C F I	H E L	S E L	M E S	Total Logged Hours	Make & Model	Multi Engine	Retr. Gear	Rotor Wing	Tail- Wheel	Turbo Prop		Jet	Sea
49	ATP	X	X	X	X	X			11000	200	8000	8000	4000	275	3000	4000		475
Medical Date		BFR Date		Annual Recurrent Training:														
8/25/2014		5/14/2014																
Special Conditions:																		

William Stewart

Age	Certificate	Pilot Qualifications							Pilot logged hours							Last 12 Mos		
		S E L	M E L	I F R	C F I	H E L	S E L	M E S	Total Logged Hours	Make & Model	Multi Engine	Retr. Gear	Rotor Wing	Tail- Wheel	Turbo Prop		Jet	Sea
46	ATP	X	X	X	X				10000	3000				4500				450
Medical Date		BFR Date		Annual Recurrent Training:														
Special Conditions:																		

Patrick Carter

Age	Certificate	Pilot Qualifications							Pilot logged hours							Last 12 Mos		
		S E L	M E L	I F R	C F I	H E L	S E L	M E S	Total Logged Hours	Make & Model	Multi Engine	Retr. Gear	Rotor Wing	Tail- Wheel	Turbo Prop		Jet	Sea
Medical Date		BFR Date		Annual Recurrent Training:														
Special Conditions:																		

Open Pilot Provisions: *****NAMED PILOTS ONLY*****

Application Questions

Please answer the following question and explain for every "yes" answer:	Yes/No
1. Does the applicant own or operate on a regular basis any other aircraft that is not listed in the aircraft section of this application?	YES
2. Does any aircraft listed in the aircraft section have other than a standard airworthiness certificate in full effect?	NO
3. Has any aircraft listed in the aircraft section been equipped with any modifications not provided by the manufacturer?	YES
4. Has any aircraft listed in the aircraft section had its airframe or power plant modified or converted in any way?	NO
5. Will any aircraft listed in the aircraft section be used for student or pilot instruction other than for recurrent training of pilots listed in the Pilot Information Section?	NO
6. Will any aircraft listed in the aircraft section be used for any purpose(s) for which a charge is made?	YES
7. Does any aircraft listed in the aircraft section have any unrepaired damage?	NO
8. Does any pilot listed in the pilot information section have any physical impairments, waivers or statement of demonstrated ability (other than for corrective lenses), limitations or conditions attached to their medical certificate?	NO
9. Has any pilot listed in the pilot information section had any aircraft incidents, accidents, losses or claims in the last 5 years?	YES

10. Has any pilot listed in the pilot information section had any insurer cancel, decline or refuse to renew any aviation insurance service in the past?	NO
11. Has any pilot listed in the pilot information section had any FAA violations or been convicted of a DUI or DWI?	NO

Comments

Please explain any "Yes" answer in the space below referring to section and item above:

- 1. Regularly fly citation XL/XLS for employer
- 3. All modifications are on approved 337.
- 6. A/C used in airshows, acrobatic rides for a fee.
- 9. Stave O'Boys, loss/claim on NB77UP in 2012, prop strike.

PLEASE READ

MINIMUM PILOT REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless the aircraft is being operated by the pilot(s) designated on this document who has/have at least the certificates, ratings and pilot experience indicated, and who is/are properly qualified for the flight involved.

USER REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight if the aircraft is used for any purpose other than the use designated on this document.

NOTICE TO 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 act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO ARKANSAS AND 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 fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 Authorities.

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 in 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 LOUISIANA 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 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, 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 YORK 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, conceals for the purpose of misleading, information concerning any fact material thereto, 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 stated value of the claim for each such violation.

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.

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. (365: 15-1-10, 36 S.S. 3613.1)

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

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 TEXAS APPLICANTS: Any person who makes and intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO UTAH APPLICANTS: Any person, who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

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

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

I/WE AUTHORIZE AVIATION SOLUTIONS, LLC TO REPRESENT ME/US IN PLACING THIS INSURANCE.

Date: 11/23/14 Applicant's Signature _____



THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

Producer:



AVIATION SOLUTIONS, LLC

LEE'S SUMMIT, MO 64086

Telephone _____

Toll Free _____

Facsimile _____

Email _____