



## GLIDER INSURANCE APPLICATIONS

### General Information

Named Insured: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Current Insurance Company: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
 Accidents/Violations/Claims last 5 years: Yes  No

If yes, please provide date, details, pilot, amount paid by insurer, insurance company.

### Glider Information

#	Year	Make & Model	Registration	Pass Seats	Hull Value	Trailer Value
1						
2						
3						

Glider based at: \_\_\_\_\_

Name and address of Additional Insured, Mortgagee and/or Loss Payee:

### Coverage Information

Hull Coverage (choose one): All Risks Flight and Ground  Ground Hull Only  None   
 Liability Coverage (choose one): Flight  Ground  None   
 Liability Limit (choose one): Combined Single Limit \$1,000,000 including all passenger seats   
 Combined Single Limit \$2,000,000 including all passenger seats

### Pilot Information

	Pilot 1	Pilot 2	Pilot 3
Name			
Date of Birth			
Licence Type and Ratings			
Total Time			
Total Last 12 Months			
Total Time on Make & Model			
Total Last 12 Months on Make & Model			
Accidents/Violations/Claims last 5 years	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide date, details, amount paid by insurer, insurance company			

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_