



## SOUND GLIDER INSURANCE APPLICATION

### 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	FLARM S/N	Pass Seats	Hull Value	Trailer Value
1						\$	\$
2						\$	\$
3						\$	\$

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

Name and Address of Gliding Club:  To be added as Additional Insured: Yes  No   
*(Or private tow plane operator)*  
 Name and Address of Loss Payee: *(if applicable)* \_\_\_\_\_

### Coverage Information

Hull Coverage (choose one): All Risks Flight and Ground  Ground Hull Only  None   
 Liability Coverage (choose one): Flight and Ground  None   
 Liability Limit (choose one): Combined Single Limit \$1,000,000  Combined Single Limit \$2,000,000   
*Includes passenger if applicable* *Premises Liability will be included at the Aircraft Liability Limit Purchased.*

### 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 advise of date, details, amount paid by insurer, and insurance company.		

I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of any contract between myself and the Insurance Company.

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