

FACER INSURANCE AIRCRAFT RENEWAL APPLICATION

Present Insurance Company: **Global Aerospace**

Policy Effective Dates: **10/23/19 to 10/23/20**

Named Insured: **Ellen Navolio**

Applicant is: **Trust**

(Unless a lease is in place, this should exactly match the FAA registration)

Address: **[REDACTED] Ocala FL 34472**

Work Phone:

Cell Phone:

E-mail:

Please list any corrections/changes:

Member of any Aircraft Associations?

(AOPA, EAA, etc.) Member #(s):

AIRCRAFT

Year, Make, Model	FAA Reg. Number	Seating Capacity	Flight Coverage	Insured Value
1) 2007 Evektor Sportstar	820NG	02	X	70,000
2)				

Aircraft #1 deductibles: **NIL**

not-in-motion

NIL

in-motion

Aircraft #2 deductibles:

not-in-motion

in-motion

Alternate Value(s) Requested?

Is Aircraft certificate Standard Category? **Yes**

Is Aircraft Airworthiness Certificate in effect? **Yes**

Please list Aircraft Modifications from factory design:

Please specify any unrepaired damage on aircraft:

Please itemize aircraft upgrades:

Please list any explanations/corrections:

LIABILITY PROTECTION -

\$1,000,000 combined single limit for bodily injury and property damage limited to \$100,000 per passenger for bodily injury

Higher limits of protection are often available. Do you want an optional quote? **No thanks**

AIRCRAFT USE/LEASE AGREEMENTS -

Do you charge others for use of the aircraft?

No

Do you provide charitable sightseeing rides?

No

Are there any lease agreements in place involving your aircraft?

No

Please explain all yes answers:

LIEN HOLDER DATA (if any) -

Lender Name: **None**

Loan Amount:

Address: City: ST: Zip:

Please list any changes/corrections:

RECEIVED

AUG 30 2019

FACER INS AGENCY, INC.

AIRPORT

Home Base: LEE WARD AIR RANCH
~~Dunnellon, FL~~ FAA ID: X35 FD04 Storage: **Hangared**

If a Private strip, please list length, runway surface and obstructions:

6200' x 165' grass runway ID: FD04

Please list any changes or corrections: **hangared at** [REDACTED] **Ocala, FL 34472**

PILOT INFO -

Name	ROTOR	ASEL	AMEL	INSTRUMENT	STUDENT	PRIVATE	COMMERCIAL	ATP	Total logged Flying Hours	Total Tail-Wheel Hours	Total Retractable Gear Hours	Total Multi-Engine Hours	Aircraft 1 Make Model Hours	Hours Last 12 Months
Ellen Navolio						☒			302.9				277.8	20.5

PILOT CURRENCY & DOB -

Pilot 1 Last Flight Review: October 2017	Last Medical:	DOB: 04/02/42
Pilot 2 Last Flight Review:	Last Medical:	DOB:
Pilot 3 Last Flight Review:	Last Medical:	DOB:
Pilot 4 Last Flight Review:	Last Medical:	DOB:
Pilot 5 Last Flight Review:	Last Medical:	DOB:

Pilot 1 date & locale of last formal flight training: **3/20/17 Marion Co & Sanford Airport**

Pilot 2 date & locale of last formal flight training:

Pilot 3 date & locale of last formal flight training:

Pilot 4 date & locale of last formal flight training:

Pilot 5 date & locale of last formal flight training:

BACKGROUND QUESTIONS -

- | | |
|---|-----|
| 1) Do any pilots listed above have any (a) Physical Impairments? | No |
| (b) Waivers, limitations, conditions attached to their FAA Medical certificate? | No |
| 2) Has an FAA or Military Pilot Certificate held by any pilot listed herein been suspended or revoked? | No |
| 3) Has any pilot listed herein been cited for any violation of the Federal Aviation Regulations? | No |
| 4) In the last 5 years has any pilot listed herein been involved in an aircraft accident? | No |
| 5) In the last 5 years has any pilot listed herein been indicted or arrested for a felony, drunk or reckless driving? | No |
| 6) Has any applicant or pilot listed herein been convicted or indicted for any incident involving drugs? | No |
| 7) Has any insurance company canceled or non-renewed any aviation related policy in the last 5 years? | No |
| 8) Will any pilots not listed herein operate the aircraft? | Yes |

Please reference and answer all yes questions here: **Dave Patrick, mechanic & CFI**

Facer Insurance hereby informs you that by signing or typing your name below and returning this form to us (by mail, fax or digital means), you warrant the information contained herein is true and correct to the best of your knowledge. Please be advised if you knowingly provide incorrect answers to the questions contained herein, your coverage could be voided.

Signed: [REDACTED]

Dated: 8/23/19