

OWNED AIRCRAFT INSURANCE APPLICATION



UNICO

UNICO Group
1128 Lincoln Mall STE#200
Lincoln, NE 68508
Phone: 402-434-7200
Fax: 402-434-7272

Named Insured & Address: <u>WANDMECAR.COM</u> <u>Plattsburgh, NY 12901</u>		Current Insurance Company: <u>N23553 is already insured with Hallmark Renewal</u>	
E-Mail Address: <u>[REDACTED]</u>		Effective Date: <u>[REDACTED]</u>	
Business Occupation: <u>construction / on line service</u>			
Insurance is requested from: 12:01 AM <u>Renewal of existant</u> to 12:01 AM			
Phone: Residence <u>[REDACTED]</u>	Phone: Business () <u>same</u>	Phone: Cell ()	

AIRCRAFT Land () Sea () Amphib ()

Year	Make & Model	FAA Number	Total Seats		Engine H.P.
			Crew	Pass.	
1977	Beech B60	N23553	2	4	380

Aircraft usually based and ☒ Hangared ^{or} ☒ Tied Down at (Airport Name): KPRBG Plattsburgh, NY

Airport: I.D./Identifier: KPRBG () Private Airport ☒ Public Airport Paved Runways Yes () No ()

Are any flights contemplated outside continental U.S.? ☒ Yes () No If "Yes", where: CANADA

COVERAGES AND LIMITS

LIABILITY LIMITS DESIRED

Combined Single Limit Bodily Injury and Property Damage Including Passengers
(Select One):

() \$ 500,000 Each Accident and/or Occurrence	\$100,000 Bodily Injury Insurance, Each Passenger
(☒) \$1,000,000 Each Accident and/or Occurrence* (Most Common Selection)	\$100,000 Bodily Injury Insurance, Each Passenger*
() \$1,000,000 Each Accident and/or Occurrence	\$200,000 Bodily Injury Insurance, Each Passenger
() \$1,000,000 Each Accident and/or Occurrence	No Sublimit for Bodily Injury Insurance for Each Passenger
() \$2,000,000 Each Accident and/or Occurrence	\$200,000 Bodily Injury Insurance, Each Passenger
() \$2,000,000 Each Accident and/or Occurrence	No Sublimit for Bodily Injury Insurance for Each Passenger
Other Liability Limit Please Specify	
Medical Payments Including Crew	(☒) \$ 3,000 Per Person () \$ 5,000 Per Person () \$10,000 Per Person
PHYSICAL DAMAGE COVERAGE	Current Value Of Aircraft: \$ <u>150,000 USD</u> Current Deductible: \$ <u>5,000 #</u> Float Value: \$ <u>7</u>

**USAGE AND OPERATION**

- ☒ Pleasure and Business
☐ Commercial Excluding Instruction and Rental
☐ Low Altitude Photography
☐ Patrol Flights
☐ Instruction of: (Name of Student):
☐ Special Uses – Please Describe:
- ☐ Industrial Aid
☐ Commercial
☐ Air Ambulance
☐ Banner Towing
- ☐ Limited Commercial
☐ Flying Club
☐ Air Hearse
☐ Crop Dusting

OWNERSHIP INFORMATION

Applicant is: ☒ Sole Owner ☐ Owner subject to mortgage or conditional sales contract. ☐ Lessee ☐ Other – explain
Applicant is: ☐ Individual ☒ Corporation ☐ Limited Liability Corporation ☐ Co-Ownership/Partnership
If aircraft is encumbered, name and address of lienholder or lessor:
Amount of encumbrance (excluding interest and finance charges): \$
Will Lienholder's Interest be required by lienholder? ☐ Yes ☐ No

PILOT INFORMATION (Please have each pilot fill out a copy of the Pilot Questionnaire pages 4, 5, and 6)

Pilot's Name	Pilot's Age
1 JAWDAT ICHAWAM	54
2	
3	
4	

SUPPLEMENTAL QUESTIONS

Does the aircraft have OTHER than a standard airworthiness certificate in full effect?	☐ Yes ☒ No
Are there any other aircraft owned by the applicant?	☐ Yes ☒ No
Has the aircraft been equipped with modifications not provided by the manufacturer?	☐ Yes ☒ No
Will the aircraft be normally operated in OTHER than paved public airports?	☐ Yes ☒ No
Will the aircraft be used for student or pilot instruction OTHER than for recurrent training of pilots listed in the "Pilot Information" Section of this application?	☐ Yes ☒ No
Will other than the applicant and pilots listed in the "Pilot Information" Section of this application have use of the aircraft?	☐ Yes ☒ No
Will aircraft be used for any purpose (s) for which a charge is made?	☐ Yes ☒ No
Is there any un-repaired damage to the aircraft?	☐ Yes ☒ No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever been involved in any aircraft accident?	☐ Yes ☒ No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever been cited for violation of any aviation regulation in any country?	☐ Yes ☒ No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever had an FAA, Military, or other pilot certificate suspended or revoked?	☐ Yes ☒ No
Does the applicant or any pilot listed in the "Pilot Information" Section of this application have any: (a) physical impairments, (b) waivers, limitations, conditions on their medical certificates or on their airman certificates? If "Yes" please explain.	☐ Yes ☒ No
Has the applicant or any pilot listed in the "Pilot Information" Section of this application ever been convicted of or plead guilty to a felony, possession of drugs, or of driving while intoxicated?	☐ Yes ☒ No
Please Explain any "Yes" answer in the space below or on a separate sheet of paper:	



ADDITIONAL COMMENTS OR DESCRIPTIONS.

VG kit and 2stc Avionic upgrades
all FAA approved and all certified
all Manufacturer approved

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 qualified for the flight involved.

USE 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.

AIRWORTHINESS REQUIREMENTS

I/We understand and acknowledge that there is no coverage in flight unless a standard airworthiness certificate in full effect

INITIAL

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INITIAL

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. 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 and/or statements contained herein.

FRAUD WARNING: 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 hereto commits a fraudulent insurance act, which is a crime.

I/We authorize _____ to represent me/us in placing this insurance.

Date: June 26/24 Applicant's Signature (s): _____

Insurance Broker or Agent's Signature: _____

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

**UNICO**

PILOT QUESTIONNAIRE

Please have each pilot fill out a copy of this form

Name of Aircraft Owner: <i>VANDMYCAR.COM Inc.</i>	
Name of Pilot: <i>JAWDA T KAWANAM</i>	Date of Birth: <i>01/11/69</i>
Address: <i>[REDACTED] Pittsburgh, NY 12901</i>	
Pilot's Occupation: <i>Business Man</i>	
Employer: <i>Vandmycar.com and others</i>	Date Employed: <i>1995</i>

Check All Certificates and Ratings Currently Held

☐ Student	☐ Airline Transport	☐ Rotorwing	☐ Type Rating (Specify Aircraft)
☒ Private	☒ Single Engine Land	☐ Centerline Thrust	
☐ Instrument	☐ Single Engine Sea	☐ Mechanic Airframe	
☐ Commercial	☒ Multi-Engine Land	☐ Mechanic Powerplant	
☐ Instructor	☐ Multi-Engine Sea	☐ Other (Specify)	

Airman's Certificate No: <i>[REDACTED]</i>		Date Certified: <i>2004</i>
If Student: (Name of instructor or FBO) (Instruction airport location)		
Date of Last Medical: <i>Nov 23</i>	Class of Medical: <i>3</i> (Not applicable for Light Sport Aircraft)	
Medical Waivers ☐ Yes ☒ No If Yes please explain:		
Date of Last Biennial Review: <i>Oct 23</i>	Type of Aircraft Used: <i>B60</i>	Date of Last Simulator Instruction:
Manufacturers Ground and Flight School Attended and Dates: <i>Aerostar/STAR-Aero Partners group</i>		
AOPA Membership #: <i>[REDACTED]</i>	EAA Membership #:	



Please show flying experience in logged hours, do not group different aircraft of the same type in the category for the make and model on which approval is being sought. If hours can not be substantiated by log books, please explain how hours have been verified/reconstructed.

AIRCRAFT ACCIDENTS				
Have you ever been involved in an aircraft accident? () Yes () No				
If Yes please explain:				
Location	Date	Make and Model	Remarks	



Please Explain Circumstances If:

1. If you have a physical impairment, waiver, limitation, or conditions on your Medical or Pilot Certificate.
2. If an FAA, Transport Canada, Military Pilot or other similar Certificate held by you has been suspended or revoked.
3. If you have ever been cited for a violation of any aviation regulation in any country.
4. If you have ever been convicted of or pleaded guilty to a felony or driving while intoxicated.

Explanations:

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. 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 and/or statements contained herein.

Date:

Applicant's Signature (s):