

Application Aircraft Insurance



I. Applicant information

Name of insured: _____ SSN (Kennitala): _____

Address: Street/P.O. box _____

Postal code _____ City _____ Country _____

Contact person: _____ Phone: _____

Email: _____ Insurance inception date: _____

Applicant is: Owner Part-owner* Financier / Lessor*

* If other than applicant owns the aircraft fill in contact details to owner below

II. Information regarding the aircraft

Serial number: _____ A/C registration: _____ Year of manufacture: _____

Type of aircraft:

Hot-air baloon Piston, fixed wing Business jet Regional jet Turboprop

Ultralight aircraft UAS (Specify authorization number in Additional information on page 2)

Glider, specify: TMG SLG SSG G

Rotorwing, specify engine type: Piston Turbine

Manufacturer: _____

Model: _____ Single engine Multi engines

Type of landing gear: Wheels Skis Floats Max. take-off weight (MTOW): _____

Crew (no. of seats): _____ Passengers (no. of seats): _____

Hull value - Amount of insurance requested: _____ Currency: _____ GRO Option?: Yes No

Any unrepaired damage to the aircraft?: Yes No (If yes, specify in Additional information on page 2)

Responsible maintenance organization(s): _____

Parking at base: Hangared Outdoors Tied down Not tied down

Uses:

Commercial Charter Taxi / Industrial aid Cargo Flight training Airshow

Competition Aerobatics Club Private, no named pilots Private, named pilots (max.4)

Other, specify in Additional information on page 2

Estimated flight hours / year: _____

Please continue on next page

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III. Pilot information

Pilot 1: Name: _____ Age: _____ Type of license: _____ Total flight hours: _____

Flight hours last year: _____ Hours on actual make and model: _____ Incidents / Accidents last 5 years: Yes No

Pilot 2: Name: _____ Age: _____ Type of license: _____ Total flight hours: _____

Flight hours last year: _____ Hours on actual make and model: _____ Incidents / Accidents last 5 years: Yes No

Pilot 3: Name: _____ Age: _____ Type of license: _____ Total flight hours: _____

Flight hours last year: _____ Hours on actual make and model: _____ Incidents / Accidents last 5 years: Yes No

Pilot 4: Name: _____ Age: _____ Type of license: _____ Total flight hours: _____

Flight hours last year: _____ Hours on actual make and model: _____ Incidents / Accidents last 5 years: Yes No

IV. Additional information

City and date: _____ **Signature:** _____

Name in block letters: _____