

MINNESOTA JOINT UNDERWRITING ASSOCIATION
445 MINNESOTA ST SUITE 514
ST PAUL, MN 55101
1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

SPORT AIRCRAFT PASSENGER LIABILITY INSURANCE APPLICATION

SECTION A - GENERAL INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone No: _____

Evening Phone No: _____

Fax No: _____

Email Address: _____

Registered Name of Owner: _____

Is registered owner a corporation: Yes ___ No ___

Is coverage you are applying for required by the Minnesota Department of
Transportation? Yes ___ No ___

Pilot #1

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth: _____ mm/dd/yyyy Age of Pilot: _____

Pilot # 2

Is there a second pilot? Yes ____ No ____

First Name: _____

Middle Initial: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Date of Birth: _____ mm/dd/yyyy Age of Pilot: _____

SECTION B - AIRCRAFT INFORMATION

Aircraft Make and Model: _____

License No: _____

Gross Vehicle Weight _____ lbs (1,150 allowable maximum)

Year of Manufacture: _____

Engine Make: _____

Engine Horsepower: _____

Number of seats (including pilot): _____

Is the aircraft hangared? Yes ____ No ____

Aircraft base and location: _____

FAA Airport Identifier: _____

Name of Leinholder: _____

SECTION C - COVERAGE INFORMATION AND LIMITATION

THE POLICY YOU ARE APPLYING FOR PROVIDES FOR BODILY INJURY COVERAGE WITH A \$25,000 LIMIT PER PASSENGER AS MANDATED BY THE MINNESOTA DEPARTMENT OF TRANSPORTATION..

NO OTHER COVERAGES OR LIMITS ARE AVAILABLE.

*A copy of the current FAA Air Worthiness Certificate for each aircraft must accompany this application

Applicant's Signature: _____

Print Name: _____

Date: _____

Agent Name: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____