

For owners of private and business aircraft. Intake form: the aviation insurer will also require its own application. Complete with CWCO-SUP-CORE. Flight schools use CWCO-SUP-FLIGHTSCHOOL; airport service businesses use CWCO-SUP-FBO.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL
REGISTERED OWNER (INDIVIDUAL / LLC / COMPANY)	HOME AIRPORT	HANGARED OR TIED DOWN

2 AIRCRAFT, USE & PILOTS

N-NUMBER	YEAR / MAKE / MODEL	SEATS	HULL VALUE (\$)	ANNUAL HOURS

Use (check all that apply):

- ☐ Personal & business ☐ Business only ☐ Rental or leaseback to others ☐ Instruction by others ☐ Aerial work
☐ Flights for hire (charter)

PILOT NAME	CERTIFICATE & RATINGS	TOTAL HOURS	HOURS IN MAKE & MODEL	LAST FLIGHT REVIEW	MEDICAL / BASICMED

2-1 Is the aircraft rented or leased back to a flight school or others? (See CWCO-SUP-FLIGHTSCHOOL) ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Is the aircraft ever flown for hire or compensation? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Are pilots other than those listed above permitted to fly the aircraft? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PILOT EXPERIENCE, TRAINING & LOSS OF CONTROL

About four general aviation aircraft crash in the U.S. each day, and loss of control in flight — the leading cause — is fatal nearly half the time. Aviation rates remain soft in 2026, but underwriters still price on pilot experience and training, and some cap limits for owner-flown aircraft.

3-1 Does every pilot meet the experience minimums the policy requires, including hours in this make and model? ☐ Yes ☐ No
IF NO, EXPLAIN

3-2 Does every pilot complete recurrent training at least annually (type-specific or simulator)? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Has every pilot completed a flight review within the past 24 months? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Do pilots follow written personal minimums for weather, crosswind, and night flying? ☐ Yes ☐ No
IF NO, EXPLAIN

3-5 Is an angle-of-attack indicator or envelope-protection system installed? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Is the annual inspection current, performed by a certificated mechanic? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Have all airworthiness directives been complied with and recorded? ☐ Yes ☐ No
IF NO, EXPLAIN

3-8 Has any pilot had an accident, incident, or FAA enforcement action in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has any pilot had a pilot or driver's license suspended or revoked? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 Has any pilot had an alcohol- or drug-related motor vehicle action? ☐ Yes ☐ No
IF YES, EXPLAIN

4 COVERAGE & LOSS HISTORY

Coverage requested:

- ☐ Hull (agreed value) ☐ Hull not in motion only ☐ Liability — single limit ☐ Medical payments ☐ Non-owned aircraft liability
☐ Hangar / premises liability

LIABILITY LIMIT (\$)	PER-PASSENGER SUBLIMIT (IF ANY) (\$)	CURRENT CARRIER / PREMIUM

4-1 Has there been a hull or liability claim in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Has aviation coverage been declined, cancelled, or non-renewed in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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 thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE