**APPLICATION FOR FIXED BASE OPERATOR  
AIRCRAFT HULL AND LIABILITY INSURANCE**

|  |
| --- |
| Name of Applicant: |
| Address: |
| Form of Business:  Corporation  Individual  Partnership  Joint Venture  Other (Describe) |
| FBO manager’s name: |
| FBO manager’s length of experience in aviation operations:       How long has the manager been employed by applicant? |
| Insurance is requested from: 12:01 A.M.       to 12:01 A.M.       (local time at address of applicant) |

|  |  |  |
| --- | --- | --- |
| **Coverages and deductibles requested** | | |
| Aircraft liability limit | $       Combined single limit each occurrence | |
| Renter pilot liability limit | $ | |
| In flight hangarkeeper’s liability limit: | $       Each aircraft | $       Aggregate |
| In flight hangarkeeper’s deductible: | $       Deductible | |
| Aircraft physical damage deductibles: | $       Deductible in motion | $       Deductible in motion |

|  |
| --- |
| Are any alternate quotes requested for:  Coverages?  Limits?  Deductibles? If so, describe: |
| What is the maximum value of any one aircraft likely to be covered under the policy during the next twelve months? $ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s aircraft will be operated for the following purposes:** | | | | | | | |
| Yes | No |  | Estimated Annual  Flight Hours | Yes | No |  | Estimated Annual Flight Hours |
|  |  | Rental of aircraft |  |  |  | Transportation of hazardous materials |  |
|  |  | Instruction by flight instructors employed by applicant |  |  |  | Sky diving |  |
|  |  | Instruction by independent flight instructors |  |  |  | Banner towing |  |
| \* |  | Passenger or property carriage for compensation or hire |  |  |  | Aerial photography and survey |  |
| \* If “Yes”, attach copy of applicant’s air taxi certificate and operations specifications | | | |  |  | ROTC flight training |  |
|  |  | Cargo, package or check operations |  |  |  | Glider towing |  |
|  |  | Sales demonstration of aircraft |  |  |  | Air shows, contests or exhibitions |  |
|  |  | Private business of application/aircraft owner |  |  |  | Powerline or pipeline patrol |  |
|  |  | Air ambulance or air hearse |  | Other | |  |  |
|  |  | Local sightseeing |  | Other | |  |  |
|  |  | Crop dusting, seeding or spraying |  | Other | |  |  |

|  |  |  |
| --- | --- | --- |
| **Attach a description of the minimum ratings and flight experience that you require for pilots to operate each type of aircraft.** | | |
| Are there any employed or renter pilots or leaseback owner pilots who do not meet your regular minimums for ratings of flight experience for a specific aircraft? If “Yes”, describe: | Yes | No |
| Do renter pilots complete a written test for each make and model rented? | Yes | No |
| Do you use written checkout forms to record maneuvers and pilot performance during the rental flight checkout? | Yes | No |
| Are copies of pilot’s license, medical and ground and flight checkout forms maintained on file? | Yes | No |
| Do all renters sign a rental agreement for each flight? If “Yes”, attach a copy of the agreement. | Yes | No |
| Do you allow aircraft to be rented at night?  Yes  No In all conditions?  Yes  No | | |
| Describe aircraft key control and dispatching procedures: | | |
| What procedures do you use to monitor the location of your aircraft? | | |
| How many pilots does the applicant employ full time?       / part time? | | |
| Are charter operations single pilot or dual pilot?  All charter operations have dual pilot crews.  Dual pilot crews are used only when required by regulation.  Other (Describe): | | |
| Who owns the FAR 135 operating certificate under which you operate? | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant will operate aircraft NOT OWNED by the applicant for the following purposes:** | | | | | | | | | | | | |
| Yes | No |  | Estimated Annual  Flight Hours | | | Yes | No | |  | | Estimated Annual Flight Hours | |
|  |  | Dual instruction in customer’s aircraft |  | | |  |  | | Furnishing crew to operate aircraft owned by others | |  | |
|  |  | Delivery or ferrying of non-owned aircraft |  | | |  |  | | Sales demonstration of aircraft on consignment | |  | |
|  |  | Test flying of non-owned aircraft after maintenance |  | | | Other (describe): | | | | | | |
| Do you require customers of these services to include you as an insured on their aircraft insurance and supply a certificate of insurance? | | | | | | | | | | Yes | | No |
| Do you require customers of these services to hold you harmless by written agreement for damage to their aircraft? | | | | | | | | | | Yes | | No |
| Do you have a standard pilot services agreement? | | | | Yes | No | | | If “Yes”, attach copy. | | | | |
| Do you charter aircraft for company business? | | | | Yes | No | | | If “Yes”, describe usage or attach Non-Owned Aircraft Application: | | | | |
| Do you use or anticipate using any non-owned aircraft with 25 or more seats? | | | | | | | | | | Yes | | No |

|  |
| --- |
| **General Information** |
| How many years has the applicant been in business under the same ownership and management? |
| Does applicant operate lease-back aircraft?  Yes  No If “Yes,” attach copy of standard lease-back agreement. |
| Does applicant operate any aircraft on a long term basis (over 30 days) which are not listed in the following Schedule of Aircraft?  Yes  No If “Yes, “ describe: |
| Is the applicant’s flight school certified in accordance with FAR Part 141?  Yes  No |
| Does applicant have business operations or aircraft positioned at other airports or locations?  Yes  No If “Yes, “ describe: |
| Will applicant’s aircraft be operated outside the U.S. or Canada?  Yes  No If “Yes, “ describe type of operation, aircraft and area: |
| Who performs maintenance on applicant’s aircraft? |

|  |  |  |
| --- | --- | --- |
| **Is there any other pertinent information, or any potential change in exposure which materially affect this risk?** | Yes | No |
| If “Yes”, describe: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loss Experience:** List all aircraft hull and liability claims for the last five years. Attach separate sheet if necessary. Attach insurance company loss run if available. | | | | | |
|  |  | **Losses** | | | |
| Date | Description | Paid | Reserved | Expenses | Total |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |

|  |  |
| --- | --- |
| **Aircraft liability and hull insurance now in effect:** | |
| Insurance Company: | Expiration Date: |
| Coverages, limits and deductibles: | |
| Number of years applicant has been insured by current insurance company: | |
| Has any insurer cancelled or refused to renew the applicant’s insurance? NOT APPLICABLE IN MO  Yes  No | |

|  |  |
| --- | --- |
| **Workers Compensation insurance now in effect:** | |
| Carrier: | Expiration Date: |
| Limits: | |

**FRAUD STATEMENTS**

**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 commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**APPLICABLE IN COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**APPLICABLE IN FLORIDA and OKLAHOMA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

|  |
| --- |
| **All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and 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 or statements contained herein.**  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.** |

**THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.**

|  |  |
| --- | --- |
| Name of Insurance Producer: | |
| License State: | State License Number: |
| Address: | |
| For how long have you been designated this applicant’s Broker of Record? | |