**APPLICATION FOR NON-OWNED**

**AIRCRAFT LIABILITY INSURANCE**

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| NAME OF APPLICANT (Including DBAs and other company names): |
| ADDRESS: |
| BUSINESS OR OCCUPATION OF APPLICANT: |
| APPLICANT IS:  INDIVIDUAL(S)  CORPORATION  PARTNERSHIP  OTHER |
| INSURANCE IS REQUESTED FROM 12:01 A.M.       to 12:01 A.M.       (local time at address of applicant) |

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| **Liability Coverage** | LIMITS OF LIABILITY REQUESTED | |
| Each Person | Each Occurrence |
| SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY:  Passengers:  included  excluded | $ | $ |
| OTHER COVERAGE: | $ | $ |
| MEDICAL EXPENSE | $ |

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| --- | --- |
| Does applicant have rules regarding rental or charter of aircraft, or use of employees’ personal aircraft?  YES  NO | |
| If “Yes” please provide copies of any written guidance concerning the rules and describe the applicant’s policy: | |
| Describe the situations in which aircraft are rented or chartered by the applicant or the applicant’s employees, including the number of instances and the purpose of aircraft use. | |
| Do you rent or charter any aircraft with 25 or more seats?   YES  NO | Do you anticipate doing so in the future?  YES  NO |
| Are any flights contemplated outside the United States?  YES  NO If “Yes,” where? | |
| Do you obtain a certificate of insurance from each aircraft operator naming you an additional insured?  YES  NO | |
| Do you require a minimum limit of liability from the aircraft operator?  YES  NO If “Yes,” Amount: $ | |
| Are employees’ personal aircraft used on applicant’s behalf?  YES  NO If “Yes,” describe usage: | |
| Is applicant included as an insured on employees’ aircraft insurance and provided a certificate of insurance?  YES  NO | |
| Does Applicant own or lease any aircraft  YES  NO If “Yes,” describe: | |

**PILOTS:** Complete this section (including items 1-5 below) for every pilot who will operate an aircraft during the policy term unless a Pilot Questionnaire is completed by the pilot. This section need not be completed for Airline, Charter or Air Taxi pilots not employed by the applicant.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF PILOT | Date of Birth | Pilot Certification and Ratings | | | | | | | | Medical Certificate | | Hours Logged as Pilot in Command | | | | |
|  |  | Stud. | Pvt. | Com’l. | ASEL | AMEL | Instrumt. | ATP | Other | Date of Last Physical | Class | Total | Retract. Gear | Multi-Engine | Last 90 Days | Last 12 Mos. |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | Pilot No. 1 | Pilot No. 2 | Pilot No. 3 | Pilot No. 4 |
| Hours flown on applicant’s business last 12 mos. |  |  |  |  |
| Hours flown on applicant’s business est. next 12 mos. |  |  |  |  |
| FAA Certificate No. |  |  |  |  |
| Date of last biennial flight review: |  |  |  |  |

**EXPLAIN CIRCUMSTANCES IF:**

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| 1. Any pilots named above have any; (a) physical impairments,  (b) waivers, limitations, or conditions attached to their medical certificates  2. An FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked  3. Any pilot above has ever been cited for violation of any aviation regulation in any country  4. Any pilot named above has ever been involved in any aircraft accident  5. Any pilot named above has ever been convicted of or pleaded guilty to a felony or driving while intoxicated |

**PLEASE COMPLETE THE FOLLOWING ON THE AVIATION INSURANCE CURRENTLY IN FORCE FOR THE APPLICANT:**

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| --- | --- | --- | --- |
| COVERAGE | NAME OF COMPANY | LIMIT OF LIABILITY | EXPIRATION DATE |
| Applicant’s Aircraft Liability/Hull |  | $ |  |
| Employee’s Aircraft Liability/Hull (if known) |  | $ |  |

**THE FOLLOWING INFORMATION IS TO BE FURNISHED BY APPLICANT WHO IS NOT AN INDIVIDUAL:**

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| Total number of employees |
| How many of these employees regularly travel in the course of their employment? |
| List location of applicant’s branch offices and subsidiaries |

**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.

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| **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.**

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