**APPLICATION FOR**

**AIRCRAFT HULL AND LIABILITY INSURANCE**

**TURBINE AIRCRAFT**

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| CHECK WHICH IS DESIRED:  A QUOTATION  NEW INSURANCE POLICY  RENEWAL POLICY |
| NAME OF APPLICANT (Including DBAs And Holding Companies): |
| ADDRESS: |
| BUSINESS OR OCCUPATION OF APPLICANT: |
| APPLICANT IS:  INDIVIDUAL(S)  CORPORATION  PARTNERSHIP  LLC  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 DESIRED | |
| Each Person | Each Occurrence |
| SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY:  Passengers:  included  excluded | $  Each Passenger | $ |
| OTHER LIABILITY: | $ | $ |

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| MEDICAL EXPENSE Crew:  included  excluded | $  Each Passenger |

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| **Physical Damage Coverage** | Deductible  Nil  Other | | | | Aircraft based at (Airport) | Hangared | Tied | Estimated annual flight hours | Is War Risk Coverage required? |
| Aircraft  Year, Make and Model | Aircraft Registration | Seating  Capacity | | Aircraft Insured Value Requested |
| Crew | Other |
| 1. |  |  |  | $ |  |  |  |  | Yes  No |
| 2. |  |  |  | $ |  |  |  |  | Yes  No |
| 3. |  |  |  | $ |  |  |  |  | Yes  No |
| 4. |  |  |  | $ |  |  |  |  | Yes  No |

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| --- | --- | --- | --- | --- | --- | --- |
| Aircraft No. | Applicant is: | | | If aircraft is encumbered, name and address of lienholder. | Amount of encumbrance (excluding interest and finance charges) | Will Breach of Warranty Coverage be required by lienholder? |
| Sole Owner | Owner subject to lien | Lessee |
| 1. |  |  |  |  | $ | Yes  No |
| 2. |  |  |  |  | $ | Yes  No |
| 3. |  |  |  |  | $ | Yes  No |
| 4. |  |  |  |  | $ | Yes  No |
| Are engines, spare engines, or other aircraft equipment subject to separate lien or mortgage?  Yes  No  If “Yes,” describe: | | | | | | |

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| Aircraft Equipped with the following: | Aircraft 1  TCAS  TAWS  RVSM  ADS-B | Aircraft 2  TCAS  TAWS  RVSM  ADS-B | Aircraft 3  TCAS  TAWS  RVSM  ADS-B | Aircraft 4  TCAS  TAWS  RVSM  ADS-B |

**Attach separate sheet for additional aircraft if necessary.**

**Purpose of Use** (Check all applicable uses)

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| Business (not flown by professional pilots employed for this purpose) Pleasure  Patrol Flights  Banner Towing  Corporate Executive (flown by professional pilots employed for this purpose)  Air Hearse  Air Ambulance  Crop Dusting  Instruction of:       (Name of Student)  Low Altitude Photography  Other Uses not indicated above (explain):  Use for which a charge is made (explain below): |

**Aircraft Operations**

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| Is the policyholder the only operator of insured aircraft?  Yes  No | | |
| Do aircraft carry passengers for hire or engage in other operations for which a charge is made?  Yes  No  **If “Yes”, describe usage below and estimate number of revenue flight hours in next 12 months:** | | Estimated Revenue Flight Hours |
| FAR PART 91.501 | |  |
| FAR PART 135 under policy holder’s certificate | |  |
| FAR PART 135 under another’s certificate Name of certificate holder | |  |
| Other (describe): | |  |
| Are any aircraft operated with a single pilot crew?  Yes  No  **If “Yes,” please answer the following and explain where necessary.** | | |
| Part 135 (if applicable)  Yes  No | | |
| Mountainous terrain airports  Yes  No If “Yes”, please explain: | | |
| High Density Traffic Areas  Yes  No If “Yes”, please explain: | | |
| Night  Yes  No If “Yes”, please explain: | | |
| International  Yes  No If “Yes”, please explain: | | |
| What is your Maximum permissible crew duty day hours? | | |
| Have weather minima for single pilot operations been established?  Yes  No  If “Yes”, please provide details | | |
| Are there procedures in place to use Second-In-Command Pilots?  Yes  No | | |
| Estimated number of hours for single pilot operations annually: | | |
| Average number of passengers carried: | | |
| Percentage breakdown of passengers:      ; employees:       ; and guests      . (Total should equal 100%.) | | |
| Areas of aircraft operation:  U.S.A.  Canada  Mexico  Other countries (list): | | |
| Are aircraft operated on non-paved runways?  Yes  No If “Yes”, please provide details: | | |
| Address of the Flight Department | | |
| Year Flight Department was established | Is the Flight Department IS-BAO Certified?  Yes  No | |
| Is there a Flight Department Operations Manual?  Yes  No | | |
| Are flights made to U.S. Military Installations?  Yes  No | | |
| Is there a full time safety management program?  Yes  No | | |
| Is there a full time centralized dispatch?  Yes  No | | |
| Is aircraft operator a member of NBAA, CBAA, HAI? | | |
| Has the policyholder signed any agreements or contracts assuming liability of others with respect to aircraft operations?  Yes  No  If “Yes”, attach copies. | | |

**Non-Owned Aircraft**

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| Do any employees (including pilots employed by your flight department) pilot aircraft not owned by the policyholder on the policyholder’s business?  Yes  No If “Yes”, describe usage or attach Non-Owned Aircraft Application: |
| Do you charter aircraft for company business?  Yes  No  **If “Yes,” please answer the following:** |
| What type of aircraft do you charter? |
| Please list the names of the operators from whom you charter. |
| Who is responsible for approving charters (i.e., Risk Management, Director of Flight Ops, etc.)? |
| What is the hourly utilization? |
| Do you request a certificate of insurance from the operator?  Yes  No |
| What is the minimum limit of liability you will accept from the operator? |
| Do you anticipate use of temporary substitute aircraft during servicing or maintenance of insured aircraft?  Yes  No  If “Yes”, describe purpose, types of aircraft used, and anticipated annual utilization. |

**Pilots**

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| Name of Chief Pilot:       Number of years employed by applicant: |
| Does applicant use contract pilots?  Yes  No If “Yes”, who is their employer? |

**List all pilots who operate applicant’s aircraft and ATTACH PILOT QUESTIONNAIRES FOR EACH PILOT, both employed and contract:**

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| --- | --- | --- | --- |
| Pilot in Command | Type of Aircraft Flown | Second in Command | Type of Aircraft Flown |
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| **\* Please place an asterisk next to the names of any contract pilots listed above**. | | | |

**Maintenance**

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| Do you perform your own:  Maintenance?  Yes  No If “Yes”: a. Name of Maintenance Supervisor:  b. Number of years in this position:  Interval inspections?  Yes  No  Hot sections?  Yes  No |
| Outside maintenance performed by: |
| Any signed contracts used for outside maintenance?  Yes  No If “Yes”, please provide copies. |
| Have applicant’s maintenance personnel completed manufacturer’s maintenance schools for aircraft type insured?  Yes  No  If “Yes”, describe: |
| Do applicant’s maintenance personnel receive any recurrent training?  Yes  No  If “Yes”, describe: |
| Are aircraft operated under any special maintenance program?  Yes  No  If “Yes”, describe: |
| Description of special or extra equipment installed on aircraft and spares inventory:  Aircraft special equipment:       Value: $  Spare parts inventory:       Value: $  Spare engines:       Value: $ |
| Do maintenance personnel service, maintain or repair aircraft belonging to others?  Yes  No If “Yes”, describe |

**Insurance & Claims History**

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| --- | --- |
| Workers Compensation insurance now in effect: | |
| Carrier: | Expiration Date: |
| Limits: | |
| Name of last aviation insurance carrier (if none so state): | |
| To the applicant’s knowledge, has any damage been sustained to, or have any claims been made by others that have arisen out of the operation of, any aircraft owned by or in the custody of the applicant?  Yes  No  If “Yes”, please provide details: | |
| Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? NOT APPLICABLE IN MO  Yes  No  If “Yes”, explain circumstances: | |

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| **Claims History** | | |
| Date of Occurrence | Amount Paid | Description of Loss |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| If additional space is required, please attach a copy of the loss runs. | | | |

**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? | |