

NON-OWNED AIRCRAFT LIABILITY INSURANCE APPLICATION

CHECK WHICH IS DESIRED: ☐ A Quotation ☐ Insurance ☐ Renewal

Applicant's Name _____
Include All Entities and Persons to be Insured

Mailing Address _____

Effective from _____ until _____ Both at 12:01 AM standard time at the address above.

Business of Applicant _____

Applicant is: ☐ Individual(s) ☐ Corporation

☐ Other (describe) _____

LIABILITY COVERAGE

	Limits of Liability Requested		Premium
	Each Person	Each Occurrence	
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$	\$	\$
<input type="checkbox"/> Property Damage Liability	Not Applicable	\$	\$
<input type="checkbox"/> Passenger Bodily Injury Liability	\$	\$	\$
<input type="checkbox"/> Single Limit _____ cluding Passengers	xxxx	\$	\$
<input type="checkbox"/> With Passenger Liability Limited To:	\$	xxxx	
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$	\$	\$
<input type="checkbox"/> Other Liability (Specify) _____	\$	\$	\$
<input type="checkbox"/> Physical Damage to Non-Owned Aircraft	Each Aircraft \$	Deductible \$	\$
		TOTAL PREMIUM	\$

☐ Maximum number of seats of largest aircraft to be insured: _____ Total Seats

NON-OWNED AIRCRAFT USE

SHOW ALL TYPES OF AIRCRAFT USED BY OR ON BEHALF OF APPLICANT TO BE INSURED

Type of Aircraft	Operator	Limits Carried	Actual Hours Used Last 12 months	Estimated Hours of Use Next 12 Months
Rented Aircraft (Aircraft rented and piloted by you or by your employees)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Charter Aircraft (Aircraft chartered from and piloted by the owner/operator)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Employee Operated Aircraft (Aircraft owned or operated by your employee and flown on company business)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SHOW ALL AIRCRAFT USES BY OR ON BEHALF OF APPLICANT TO BE INSURED.

MUST TOTAL 100%

_____ Corporate executive (Flown by professional pilots employed for this purpose and used to transport your employees and guests)

_____ % Pleasure or business (Not flown by professional pilots employed for this purpose)

_____ % Commercial (Flights made for hire, money or any form of reward or compensation)

_____ Fully Describe _____

_____ % Other (Describe all uses not shown above) _____

Are any Non-Owned Hot Air Balloons, "blimps", Military Surplus, "Ultra-Light", or Home Built Aircraft used? Yes No

Explain Details _____

Describe all navigation outside the USA and Canada _____

Are any private airfields / heliports used? Yes

Describe _____

Has applicant issued any instructions permitting / prohibiting use of Non-Owned Aircraft? Yes No

Describe _____

Describe all Aircraft owned, registered to, or leased for more than 30 days to Applicant, or Aircraft in which Applicant has financial interest _____

Number of full time / part time employees flying non-owned aircraft on behalf of Applicant _____

Attach Pilot history / qualification form for each employee pilot above or each individual applicant. Attached

OTHER INSURANCE

Minimum limits required of aircraft owners/operators? Yes No

Minimum amount: \$ _____

Is Applicant (a) "held harmless? Yes No

(b) named as an additional insured? Yes No

on aircraft owner's/operator's insurance policy?

Name of current Applicant's Non-Owned Aircraft Insurance carrier (if none, so state)

Expiration date of current coverage _____

To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any non-owned aircraft in the custody of the Applicant except _____

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew a non-owned aircraft policy held by the Applicant or any of the pilots named herein? Yes No If so, explain: _____

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY MATERIALLY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO FLORIDA APPLICANTS: "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 THE THIRD DEGREE."

NOTICE TO COLORADO APPLICANTS: "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 AUTHORITIES."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "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."

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X _____
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____

PILOT HISTORY FORM

NAME OF AIRCRAFT OWNER OR NAME OF INSURED		PILOT'S FULL NAME		DATE OF BIRTH				
PILOT'S ADDRESS (STREET)		(CITY)		(STATE/PROVINCE) (ZIP/POSTAL CODE)				
EMPLOYEMENT HISTORY								
EMPLOYER	DATES EMPLOYED	OCCUPATION If employed as a pilot, list all duties in addition to those normal for a pilot and indicate percentage of your total time spent on non-pilot related duties.						
Current Employer 1.								
2.								
3.								
4.								
DRIVERS LICENSE NO.	STATE/PROVINCE	SOCIAL SECURITY NO.	AIRMAN'S CERTIFICATE NO.					
CERTIFICATES, ENDORSEMENTS AND RATINGS (Canadian Only) <input type="checkbox"/> Student <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Private <input type="checkbox"/> Single Engine Sea <input type="checkbox"/> Commercial <input type="checkbox"/> Seaplane <input type="checkbox"/> Airline (ATP)/(ATR) <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Instructor <input type="checkbox"/> Multi-Engine Sea <input type="checkbox"/> Instrument Rating <input type="checkbox"/> Center Line Thrust <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider <input type="checkbox"/> Mechanic Aircraft <input type="checkbox"/> Mechanic Powerplant <input type="checkbox"/> Other (Specify): Type Ratings/Endorsements (Specify):			CIVILIAN – TOTAL HOURS – LOGGED					
			AIRCRAFT	PISTON		TURBO PROP.	JET	
				LAND	SEA	AMPH.		
			SINGLE ENG Fixed Wing					
			MULTI ENG Fixed Wing					
			Rotary Wing					
			MILITARY – TOTAL HOURS – LOGGED					
			AIRCRAFT	PISTON	TURBO PROP.		JET	
			Fixed Wing					
			Rotary Wing					
MEDICAL CLASS AND DATE OF EXPIRATION			DATE OF LAST BIENNIAL OR ANNUAL FLIGHT REVIEW					
BREAKDOWN OF EXPERIENCE BY MAKE AND MODEL (Please specify makes and models whether land, sea, or amphibian)								
LIST MAKE AND MODEL (One per line – must include Make and Model aircraft being insured)	TOTAL LOGGED HOURS				TIME AS SECOND-IN-COMMAND (Co-Pilot)			
	Total Hours	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months	Total Hours	Last 90 Days	VFR Last 12 Months	IFR Last 12 Months
TOTAL LOGGED HOURS FOR TAILWHEEL EQUIPPED AIRCRAFT:	TOTAL PILOT-IN-COMMAND HOURS OF ALL MULTI-ENGINE AIRCRAFT:			APPROXIMATE NUMBER OF WATER LANDINGS AND TAKE-OFFS MADE DURING THE LAST 12 MONTHS:				
SPECIFY MAKE AND MODEL(S) ON WHICH APPROVAL IS SOUGHT AS:								
PILOT-IN-COMMAND:				SECOND-IN-COMMAND:				
WHERE AND WHEN DID YOU LEARN TO FLY? (Give year, place and school or course completed)								

IMPORTANT: COMPLETE ALL ITEMS

List Manufacturer's Approved, Initial Ground & Flight Schools and Dates Attended (Specify by Model)		If you are not currently enrolled in a recurrent Flight Training Program, please complete this section only with respect to your most recent Flight Proficiency Check Flight in the Insured aircraft make and model.	
SCHOOL	MODEL	DATES	
			WAS IT <input type="checkbox"/> VFR <input type="checkbox"/> IFR DATE
			NAME OF FACILITY PROVIDING PROFICIENCY CHECK FLIGHT
Are you or your Company enrolled in any recurrent Flight Training Program? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, specify make and model aircraft, the facility affording the training, their location and number of recurrent training programs completed annually by you:			
1. Do you have any physical impairments or do you have any waivers, limitations or conditions attached to your Medical Certificate?		PLEASE EXPLAIN EACH "YES" ANSWER <input type="checkbox"/> NO <input type="checkbox"/> YES	
2. Has your FAA or DOT or Military Pilot Certificate ever been suspended or revoked?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
3. Have you ever been cited for any violations of Federal or Canadian Air Regulations or any license limitations?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
4. Arising out of the operation of a motor vehicle, have you ever had your driver's license suspended or revoked?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
5. Have you every been convicted of or pleaded guilty to a charge of reckless driving or driving under the influence of alcohol or drugs?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
6. Have you ever had an application for aircraft hull or liability insurance declined by an insurance company?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
7. Have you had any aircraft accidents / incidents while acting as Pilot? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, give dates, make and model of aircraft, and details of accident(s):			
8. Have you filed any aviation claims in the last three years? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, give dates and brief summary of circumstances:			
As a normal part of the Company's underwriting procedure a routine inquiry may be made which will include information concerning general information, personal characteristics and mode of living. In the United States Public Law 91-308 (Federal Fair Credit Reporting Act) requires that if such a report is made upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided. You have my consent to contact pilot training facilities which I have attended for information relating to my training and I hereby expressly authorize any such pilot training facilities to release information about me. I certify that the statements in this form are true to the best of my knowledge and belief. PILOT SIGNATURE: _____ DATE: _____			

IMPORTANT: COMPLETE ALL ITEMS