

Arlington/Roe & Co., Inc.

Application for Helicopter Operators

Name of Applicant _____
Address _____
You are ☐ Individual ☐ Corporation ☐ Partnership ☐ Other, explain _____
Your business is _____
Your present aircraft insurance company is _____ Policy Expires _____
NBAA Member? ☐ Yes ☐ No HAI Member? ☐ Yes ☐ No

Aircraft Information

Year, Make & Model	FAA "N" No.	Capacity Crew Pass	Purchase Date	Purchase Price (with equipment)	Current Value	Standard Airworthiness	
1. _____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Additional Aircraft Attach Separate Sheet

Explain any Airworthiness Certificate other than standard _____
Aircraft usually based at _____ Aircraft usually Hangared ☐ Yes ☐ No
If private heliport, describe location, facilities, security _____

Will aircraft be used anyplace other than FAA approved landing areas? ☐ Yes ☐ No
If Yes, how often? _____ Give location and description of non-FAA approved
landing areas _____
Will rooftop landing areas be used? ☐ Yes ☐ No If Yes, how often? _____
Give location and description of rooftop landing areas _____

Will aircraft be used outside the continental United States ☐ Yes ☐ No If Yes, how often? _____
Describe operations outside the continental U.S. _____
Describe normal area of operations _____

Safety Equipment

Indicate the safety equipment currently on your aircraft	All Aircraft	Some Aircraft	None
Shoulder harness for all seats _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crash resistant fuel systems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire strike protection systems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skid snag protection _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two axis stabilization system _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IFR equipped _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flotation/pop out floats _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy absorbing seats _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS integrated ELT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision avoidance lights/strobes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belly lights/flood lights _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High visibility rotor blades _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aircraft Use

Check uses for which coverage is desired and indicate estimated annual hours for each category

<input type="checkbox"/> Business and pleasure _____ hrs.	<input type="checkbox"/> Search and rescue _____ hrs.
<input type="checkbox"/> Industrial aid (corporate) _____ hrs.	<input type="checkbox"/> Traffic watch _____ hrs.
<input type="checkbox"/> Air ambulance, EMS _____ hrs.	<input type="checkbox"/> Pipeline/powerline patrol _____ hrs.
<input type="checkbox"/> Aerial application _____ hrs.	<input type="checkbox"/> Electronic news gathering _____ hrs.
<input type="checkbox"/> Instruction _____ hrs.	<input type="checkbox"/> Logging _____ hrs.
<input type="checkbox"/> Rental _____ hrs.	<input type="checkbox"/> Heli-skiing _____ hrs.
<input type="checkbox"/> Air taxi _____ hrs.	<input type="checkbox"/> Sight seeing/air tours _____ hrs.
<input type="checkbox"/> External load/slung cargo _____ hrs.	<input type="checkbox"/> Seismic oil/gas exploration _____ hrs.
<input type="checkbox"/> Offshore/oil rig _____ hrs.	<input type="checkbox"/> Fire fighting/fire support _____ hrs.
<input type="checkbox"/> Law enforcement/police _____ hrs.	<input type="checkbox"/> Movies/cinematography _____ hrs.
<input type="checkbox"/> In-flight pick up/delivery _____ hrs.	<input type="checkbox"/> Aerial photography _____ hrs.
<input type="checkbox"/> Forest service/BLM _____ hrs.	<input type="checkbox"/> Crew training _____ hrs.
<input type="checkbox"/> Other uses, explain _____	

Total Estimated Annual Utilization (hours) _____

If used under FAR 135, who owns the FAR 135 operating Certificate you operate under? _____

Who maintains operational control on the aircraft being operated under FAR 135? _____

Are flights at night contemplated? ☐ Yes ☐ No If yes, how frequently? _____ Are landing sites lighted? ☐ Yes ☐ No

Who performs maintenance? _____

Aircraft Maintenance

Will "OEM" flight critical parts be utilized on your aircraft? ☐ Yes ☐ No

Will "OEM" parts be purchased from a make and model Factory approved facility? ☐ Yes ☐ No

Will all maintenance be performed by personnel who have attended a Factory approved Customer Service Facility or at a Customer Service Facility by factory trained technicians? ☐ Yes ☐ No

Aircraft Ownership

I do not own the aircraft by myself ☐ Name(s) and address(es) of: ☐ Co-owner(s) ☐ Mortgagee(s) ☐ Lessor(s)

Amount of any lien or loan, excluding interest and/or finance charges \$ _____

Does your lienholder require lienholder's interest insurance (Breach of Warranty)? ☐ No ☐ Yes

Indicate the coverages desired.

Coverage

Limits of Coverage

Combined Liability Coverage for bodily injury and property damage	\$	Each Occurrence		
Combined Liability Coverage for bodily injury (except to passengers) and property damage	\$	Each Occurrence		
Liability Coverage for bodily injury to anyone but passengers	\$	Each Person	\$	Each Occurrence
Liability Coverage for bodily injury to passengers only	\$	Each Person	\$	Each Occurrence
Liability Coverage for property damage	\$	Each Occurrence		
Medical Coverage	\$	Each Person		
Aircraft Physical	\$			
Damage Coverage	\$			
1.	\$			
2.	\$			
3.	\$			
Rotors not in-motion deductible	\$	Rotors in-motion deductible	\$	

Accidents/Incidents

Any accidents/incidents in the last five years ☐ Yes ☐ No If Yes, describe fully on a separate sheet.

Has any insurer cancelled, declined or refused to write any aviation insurance for you or one of your pilots? ☐ No ☐ Yes

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name and Address of Broker: Arlington/Roe & Co., Inc., P. O. Box 80803, Indianapolis, IN 46280

This form along with a completed Pilot History Form will be required for each pilot operating the insured helicopter.

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until The Underwriting Company effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by The Underwriting Company, the full amount of premium becomes due and payable immediately

Date _____ Signature of Applicant or Authorized Representative _____

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

Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name *(please print)*

Date

State Producer License Number