

APPLICATION FOR HELICOPTER HULL AND LIABILITY INSURANCE

Check which is desired: A QUOTATION INSURANCE POLICY RENEWAL POLICY

Name of Applicant (Include D/B/A's and Holding Companies):

Address:

Business or occupation of applicant:

Applicant is: Corporation Individual(s) Partnership Other (Describe)

Insurance is requested from 12:01 A.M. **to 12:01 A.M.** (local time at address of applicant)

Liability Coverage	LIMITS OF LIABILITY DESIRED		
	Each Person	Each Occurrence	
<input type="checkbox"/> Single Limit Bodily Injury and Property Damage Liability: Passengers: <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ Each Passenger	\$	Physical Damage Coverage Amount of Hull Insurance Aircraft 1: \$ Aircraft 2: \$ Deductibles <input type="checkbox"/> \$ <input type="checkbox"/> % Rotors not in motion: Rotors in motion:
<input type="checkbox"/> Other Liability	\$	\$	
<input type="checkbox"/> Medical Expenses Crew - <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ Each Person		

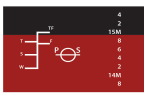
Aircraft	FAA Reg. No.	Seating Capacity		Purchased		Price Paid by Applicant (incl.extras)	Present Estimated Value (incl.extras)	Engine Hours Since New, or Since Last Major Overhaul	Number of Hours Flown in the Last 12 Months	Estimate Flight Hours Next 12 Months
		Crew	Pass	New or Used	Date					
1. Year, Make and Model						\$	\$			
2. Year, Make and Model						\$	\$			
Description of special or extra equipment installed on aircraft and spares inventory										
Aircraft 1.									Value: \$	
Aircraft 2.									Value: \$	
Spare Parts Inventory:									Value: \$	

Applicant is: : Sole owner Owner subject to mortgage or conditional sales contract Lessee Other (Explain)

If aircraft in encumbered, name and address of lienholder or lessor

Amount of encumbrance (excluding interest and finance charges) \$

Will Breach of Warranty Coverage be required by lienholder? Yes No



Aircraft Use: check use(s) to which policy is to apply

<input type="checkbox"/> Pleasure (non-professional pilots)	<input type="checkbox"/> Instruction – Pilot upgrade	<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> External Load – Slung Cargo
<input type="checkbox"/> Business (non-professional pilots)	<input type="checkbox"/> Charter: <input type="checkbox"/> Pass <input type="checkbox"/> Cargo	<input type="checkbox"/> Patrol Flights (describe below)	<input type="checkbox"/> Pole/Inflight Pick Up & Delivery
<input type="checkbox"/> Corporate – Executive (flown by professional pilots hired for this purpose)	<input type="checkbox"/> Air Ambulance, Medvac	<input type="checkbox"/> Slash Burning	<input type="checkbox"/> Logging
<input type="checkbox"/> Instruction - Initial	<input type="checkbox"/> Police Operations	<input type="checkbox"/> Fire Control, Water Bucket, Fire Support	<input type="checkbox"/> Heliskiing
<input type="checkbox"/> Instruction – Check-out	<input type="checkbox"/> Traffic Watch or News	<input type="checkbox"/> Crop Dusting, Spraying, Seeding	
<input type="checkbox"/> Other uses not listed:			

If used under FAR 135, who owns the FAR 135 operating certificate that you operate under?

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

Is Airworthiness Certificate other than standard? Yes No If yes, explain

Is engine being operated beyond TBO? Yes No If yes, explain

Aircraft usually based at: Hangared? Yes No

If private heliport, describe facilities and security:

Are landing sites not approved by FAA used? Yes No If yes, how often? Identify sites:

Are building top landing pads used? Yes No If yes, how often? Identify sites:

Areas of Operation: FAR licenses held:

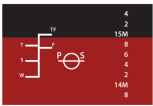
Are floats installed? Yes No If yes, percentage of time: % Value: \$

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

Who performs maintenance?

Pilots: COMPLETE THIS SECTION (INCLUDING ITEMS 1.-9. BELOW) FOR EVERY PILOT WHO WILL OPERATE AN AIRCRAFT DURING THE POLICY TERM UNLESS A PILOT QUESTIONNAIRE IS COMPLETED BY THE PILOT

Name of Pilot	Date of Birth	Helicopter Certificate and Ratings				Medical Certificate		Pilot in Command Hours - Logged					Estimated helicopter flight hours next 12 months		
		Private	Commercial	IFR	ATP	Type Ratings (List)	Date of Last Physical	Class	Helicopter						
								Total All Aircraft	Total Recip.	Total Turbine	In Model to be Insured	Total Last 12 Months			
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										



	PILOT	1		2		3		4	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Has the pilot successfully completed the manufacturer's approved pilots ground and flight training school for any helicopter? (Yes or No) Specify make and model: _____ Date: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the pilot participate in a formal recurrent training program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was pilot's original rotorcraft rating obtained through the military?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the pilot have any physical impairments?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the pilot have any waivers, restrictions, limitations or conditions attached to your medical certificate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any pilot's FAA, Transport Canada, military or other pilot certificate ever been suspended or revoked?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any pilot ever been cited for any violation of any aviation regulation in any country?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any pilot ever been involved in any aircraft accident?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain all "yes" answers to these questions:									

Member of NBAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Type: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Associate
Member of HAI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Type: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Associate

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 cancelled or refused to renew a policy held by the applicant or any of the pilots named herein regard to any type of insurance? NOT APPLICABLE IN MO Yes No If so, explain:

Workers Compensation insurance now in effect:

Carrier: _____ Expiration Date: _____

Limits: _____

Name of Insurance Producer: _____

Address: _____

Are you the holding producer? Yes No If "Yes", for how many years? _____

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 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.

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.

