



NON-OWNED AIRCRAFT LIABILITY AND PREMISES APPLICATION

APPLICANT INFORMATION	
Named Insured:	_____
Address of Named Insured:	_____

Business of Named Insured:	_____
Named Insured is:	_____

Policy Period: From 12:01AM	_____ To 12:01AM _____

NON-OWNED AIRCRAFT USE	
Does the Name Insured charter aircraft? _____	
If the Named Insured charters aircraft, are these aircraft operated by professional pilots? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum number of seats on the largest chartered aircraft: _____	
What is the average number of passengers per trip? _____	
Do you want to purchase unlimited seating? _____	
Do you want to purchase Fractional Excess Coverage? _____	
Name of Management Company: _____	
What are the lowest liability limits carried on the chartered aircraft? _____	
How many hours of chartered exposures? _____	Actual hours used last 12 months: _____
	Estimated hours of use next 12 months: _____
Name of Charter Operator: 1. _____	
2. _____	
3. _____	
As part of your risk management process, do you require to be added as an additional insured to the charter Operator's primary policy? _____	
Does the applicant require / obtain certificates of insurance? _____	
*** Please attach certificates of insurance to this application. _____	

AIRCRAFT UTILIZATION	
Will the non-owned aircraft be used for any of the following: <input type="checkbox"/> Ariel Photography <input type="checkbox"/> Research	
<input type="checkbox"/> Powerline/Pipeline Patrol <input type="checkbox"/> Medivac <input type="checkbox"/> Cruise Ship <input type="checkbox"/> Logging <input type="checkbox"/> Hunting	
Does the applicant have any non-owned exposures involving any of the following types of aircraft:	
<input type="checkbox"/> Hot Air Balloons <input type="checkbox"/> Blimps <input type="checkbox"/> Military Aircrafts <input type="checkbox"/> Ultra Lights <input type="checkbox"/> Hang Gliders <input type="checkbox"/> Home Builts	

Does the Named Insured have any non-owned exposures outside of the following areas:

United States Canada Mexico Western Europe

If yes, please describe your operations as they relate to non-owned aircraft use in these areas:

Does the Named Insured have any non-owned exposure in Alaska? Yes No If yes, describe below:

Will the non-owned aircraft be used for student or pilot-instruction? Yes No If yes, describe below:

PREMISES EXPOSURE

Does the applicant own, operate or utilize a helipad? _____

If yes, please answer the following questions: _____

Number of helipads covered: _____

Are any helipads located on a rooftop? _____

Number of annual landings on busiest helipad: _____

Are there any helicopters based at the helipad? Yes No If yes, how many? _____

Are any fuel services provided for helicopters at the helipad? _____

Is any helicopter maintenance, cleaning, repairing, or storing provided at the helipad? Yes No

GENERAL

Does the applicant have any instructions permitting or prohibiting use of non-owned aircraft? Yes No

If yes, please describe: _____

Current/most recent insurance carrier: _____

Has the applicant had any aircraft losses, claims, or incidents? Yes No

If yes, please describe: _____

Has any insurance company cancelled, declined, or refused to renew any aviation insurance policy? Yes No

If yes, please describe: _____

LIMITS DESIRED

What limit of liability would you like to purchase (maximum limit option \$100M): _____

COMMENTS / SPECIAL REQUESTS

FRAUD PREVENTION – GENERAL WARNING

Notice: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purposes of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Notice to Arkansas, Louisiana, and 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 fines and confinement in prison.

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 purposes 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 with the Department of Regulatory Agencies.

Notice to District of Columbia Applicants: Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 Kentucky Applicants: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for the 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 Maine Applicants: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or denial of insurance benefits.

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 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 claims 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 shall also be subject to 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 Oklahoma Applicants: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Pennsylvania Applicants: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 such person to criminal and civil penalties.

Notice to Tennessee & Virginia 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 include imprisonment, fines and denial of insurance benefits.

Applicant Signature: _____

Date: _____

Title: _____

The Applicant does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance. _____