

NON-OWNED AIRCRAFT LIABILITY APPLICATION

APPLICANT INFORMATION	
Named Insured	
Address	
City State	Zip
CURRENT COVERAGE	
Is current coverage in place at the time of this application?	YES NO
If yes, current Insurance Carrier:	
Current Coverage expires:	
APPLICANT UNDERWRITING QUESTIONS	
What type of coverage are you applying for (please select one below)?	te et A
Corporate Non-Owned – Annual Policy (please complete page 2 of this ap	pplication)
Entertainment Production Project Non-Owned (please complete page 3, 4	4 and 5 of this application)
Fractional Ownership – Annual Policy (please complete page 6 of this app	lication, fractional only)
Single Charter Trip Non-Owned - Short Term Policy (please complete pag	e 6, single charter only)
Does the Applicant require a minimum limit of liability when using non-owned aircra	oft? YES NO
If yes, what limit is required?	
Does the applicant require the owner/operator to name the applicant as Additional Insured under the owner/operator's primary insurance policy? If yes, has a Certificate of Insurance noting Additional Insured to the prima policy been obtained?	YES NO
Has insurance ever been cancelled or non-renewed?	YES NO
If yes, please explain	
Has applicant had any accidents/incidents or claims in the last 5 years?	YES NO
LIABILITY LIMITS DESIRED	
Bodily Injury and Property Damage Combined Single Limit	\$
Physical Damage Liability	\$
Premises Liability	\$
Personal Injury Liability	\$
Medical Payments Expense	

CORPORATE NON-OWNED Complete if applying for	Corporate Non-C	wned Coverage				
	URRENT YEAR	NEXT YEAR				
Number of hours an aircraft is rented, leased or chartered by or on behalf of the						
Applicant						
Number of hours an aircraft is operated, owned or rented by Applicant's employees and flown by employees on company business						
Number of hours an aircraft is hired to perform work on behalf of the Applicant						
Training of Trouts and and are to medical performance and a second perf						
Please check all aircraft below that the Applicant utilizes:						
Aircraft in excess of 40 total seats Seaplane	Balloon/Blimp					
Glider/Sailplane/Experimental/Kit/Ultralight Unmanned Aerial Vehicles						
Clidary Sampland, Experimentary may strategy						
Describe any item(s) checked above:						
,						
Please check all operation activities below for which the Applicant engages in:						
	nsportation of sp	orts teams				
Transportation to off-shore oil platforms/pipeline/power-line patrol Heli	copters with slur	ng loads				
Herding/predator control/aerial application/prescribed burning Flight	ht instruction of	any type				
Describe any item(s) checked above:						
		,				
How many employees are pilots?						
	-					
Percentage of passengers that are employees versus guests						
Are any aircraft use at other than paved, public airports?	YE	S NO				
Marie alexandra agent						
If yes, please describe usage:						
Will any aircraft be used outside of the continental U.S.?	YE	S NO				
Thin diff difference and a decade of the definition of the decade of the						
If yes, describe location, purpose, and frequency						
Does the Applicant broker charter flights for 3 rd parties?	YE	S NO				
Do you confirm charter operator liability limits of no less than \$50,000,000 Combined Single	☐ YE	S NO				
Limit?						
Do you secure Additional Insured Certificates from all charter operators utilized?	YE	S NO				
Do you only utilize charter operators that participate in 3 rd party safety audit programs?	YE	S NO				
CORPORATE AIRCRAFT						
Please detail below, all aircraft utilized by applicant (utilize an additional page if necessary):	D LIND	EDIVING LINAT				
MAKE MODEL # OF PASS. SEATS OPERATO	א טואט	ERLYING LIMIT				

ENTERTAINMENT PROJECTS		Con	nplete if applyi	ng for Er	ntertainment/Produ	ction Non-Owned	
	UTILIZATION				CURRENT YEAR	NEXT YEAR	
Number of events planned (annu	ual production liability)						
Number of hours an aircraft is rented, leased or chartered by or on behalf of the Applicant							
Number of hours an aircraft is owned, operated or rented by Applicant's employees and flown by the employee on company business							
Number of hours an aircraft is hi	red to perform work on b	oehalf of	the Applicant				
Please check all aircraft below tha	t the Applicant utilizes:						
Aircraft in excess of 40 total seats Seaplane Ba							
Glider/Sailplane/Experime	Glider/Sailplane/Experimental/Kit/Ultralight Unmanned Aerial Vehicles						
Describe any item(s) checked ab	ove:						
Please check all operation activitie Movie/TV/Film/Video Transportation of musicia		plicant e	engages in:		Helicopters with sl	ung loads	
Describe any item(s) checked abo	ove:						
Percentage of passengers that a	re employees versus gues	sts					
Are any aircraft use at other tha	n paved, public airports?				Y	ES NO	
If yes, please describe	usage:						
Will any aircraft be used outside	of the continental U.S.?				Y	ES NO	
If yes, describe locatio	n, purpose, and frequenc	У					
			-				

Please list all events and related aircraft on page 4 and 5. If additional events or aircraft are needed, please utilize an additional page.

PRODUCTION EVENT INFORMATION	Complete if applying for Entertainment/Production Non-Owned					
EVENT NUMBER: Title of Event						
Event Description Start date of the event:	Number of days (including scouting /filming)					
Location of event (country, city, state/province)						
For this event, indicate all the uses of aircraft below:						
Scouting	Aerial Filming Stunt					
Aircraft to Aircraft Filming	Slung/External Load					
If you indicated above that Stunt is a usage, please ind						
Parachuting	Pyrotechnics Other					
Out of Aircraft Passenger Activity	Zip/Fast Line					
Describe any item(s) checked above:						
EVENT NUMBER: Title of Event						
Event Description						
Start date of the event:	Number of days (including scouting/filming)					
Location of event (country, city, state/province)						
For this event, indicate all the uses of aircraft below:						
Scouting	Aerial Filming Stunt					
Aircraft to Aircraft Filming	Slung/External Load					
If you indicated above that Stunt is a usage, please ind	licate below the type of stunt activity:					
Parachuting	Pyrotechnics Other					
Out of Aircraft Passenger Activity	Zip/Fast Line					
Describe any item(s) checked above:						
EVENT NUMBER: Title of Event						
Event Description						
Start date of the event:	Number of days (including scouting/filming)					
Location of event (country, city, state/province)						
For this event, indicate all the uses of aircraft below:	A oxial Filming Street					
Scouting	Aerial Filming Stunt					
Aircraft to Aircraft Filming	Slung/External Load					
If you indicated above that Stunt is a usage, please ind						
Parachuting	Pyrotechnics Other					
Out of Aircraft Passenger Activity	Zip/Fast Line					
Describe any item(s) checked above:						

Please detail below, all aircraft utilized by applicant:

EVENT	MAKE	# OF PASSENGER SEATS	IS AIRCRAFT A UAV?			
NUMBER	MODEL	OPERATOR	UNDERLYING LIMIT			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			
			YES NO			

FRACT	IONAL	NON-OWNED			С	omplete	if applying for Fro	actional Non-Owned
UTILIZATION						RRENT YEAR	NEXT YEAR	
Number of hours an aircraft is rented, leased or chartered by or on behalf of the Applicant								
Number of hours an aircraft is operated, owned or rented by Applicant's								
employees and flown by employees on company business Number of hours an aircraft is hired to perform work on behalf of the								
Applica		ours an aircraft	is nirea to perform v	vork on benait of	tne			
		ours purchased	l under a fractional ag	reement				
The state of the s								
Please c	check a	ll aircraft belov	v that the Applicant u	tilizes:				
Aircraft in excess of 40 total seats Seaplane Balloon/Blimp							пр	
	Glider	/Sailplane/Expe	erimental/Kit/Ultralig	ht	Unmanned A	Aerial Ve	hicles	
				- Ш				
Descri	be any	item(s) checke	d above:					
Dlease o	chock a	Il operation ac	tivities below for whic	h the Annlicant e	onagges in:			
		•	sicians or entertainer	• •	inguges iii.		Transportation	of sports teams
	Transp	ortation to off	-shore oil platforms/p	oipeline/power-li	ne patrol	Ш	Helicopters with	slung loads
	Herdin	g/predator co	ntrol/aerial applicatio	n/prescribed bur	ning		Flight instructio	n of any type
Descri	be any	item(s) checke	d above:					
Percer	ntage o	f passengers th	nat are employees vel	rsus guests				
Are an	ıy aircr	aft use at othe	than paved, public a	irports?			YI	ES NO
	If y	es, please desc	ribe usage:					
Will ar	ny aircr	aft be used ou	tside of the continent	al U.S.?		☐ YES ☐ NO		
								
	If y	es, describe lo	cation, purpose, and f	requency				
		AIRCRAFT	fa	4 .				
Please o	ietaii b		ft utilized by applican REGISTRATION	t: OWNED	# OF PA	224		UNDERLYING
MAk	KE	MODEL	NUMBER	PERCENTAGE	SEAT		OPERATOR	LIMIT
	SINGLE CHARTER Complete if applying for Single Charter Non-Owned							
Charter Customer Name								
Charte	er Custo	omer Address						
Trip Start Date Trip End Date # of Passengers								
Charter Operators Name								
Charte	er Oper	ators Limit of I	iability					
Was Co		te of Insurance	e issued to Charter Cu	stomer naming t	hem as Additi	onal	Y	ES NO

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM. SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED. **Acceptance or Rejection of Terrorism Insurance Coverage** I hereby elect to purchase terrorism coverage for a prospective premium of \$ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. **Applicant Signature Print Name** Date I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; 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; 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.

Print Name

Applicant Signature

Date