



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)?

- Corporate Non-Owned – Annual Policy (please complete page 2 of this application)
- Entertainment Production Project Non-Owned (please complete page 3, 4 and 5 of this application)
- Fractional Ownership – Annual Policy (please complete page 6 of this application, fractional only)
- Single Charter Trip Non-Owned - Short Term Policy (please complete page 6, single charter only)

Does the Applicant require a minimum limit of liability when using non-owned aircraft? 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? YES NO

If yes, has a Certificate of Insurance noting Additional Insured to the primary 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 \$ _____

UTILIZATION

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

CURRENT YEAR	NEXT YEAR

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

Describe any item(s) checked above:

Please check all operation activities below for which the Applicant engages in:

- Transportation of musicians or entertainers
 Transportation of sports teams
 Transportation to off-shore oil platforms/pipeline/power-line patrol
 Helicopters with slung loads
 Herding/predator control/aerial application/prescribed burning
 Flight 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? _____

YES NO

If yes, please describe usage: _____

Will any aircraft be used outside of the continental U.S.? _____

YES NO

If yes, describe location, purpose, and frequency _____

Does the Applicant broker charter flights for 3rd parties? _____

YES NO

Do you confirm charter operator liability limits of no less than \$50,000,000 Combined Single Limit? _____

YES NO

Do you secure Additional Insured Certificates from all charter operators utilized? _____

YES NO

Do you only utilize charter operators that participate in 3rd party safety audit programs? _____

YES NO

CORPORATE AIRCRAFT

Please detail below, all aircraft utilized by applicant (utilize an additional page if necessary):

MAKE	MODEL	# OF PASS. SEATS	OPERATOR	UNDERLYING LIMIT

UTILIZATION

Number of events planned (annual 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 hired to perform work on behalf of the Applicant

CURRENT YEAR	NEXT YEAR

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

Describe any item(s) checked above:

Please check all operation activities below for which the Applicant engages in:

- Movie/TV/Film/Video
 Helicopters with slung loads
 Transportation of musicians or entertainers

Describe any item(s) checked above:

Percentage of passengers that are employees versus guests

Are any aircraft use at other than paved, public airports?

YES NO

If yes, please describe usage:

Will any aircraft be used outside of the continental U.S.?

YES NO

If yes, describe location, purpose, and frequency

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

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:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Scouting | <input type="checkbox"/> Aerial Filming | <input type="checkbox"/> Stunt |
| <input type="checkbox"/> Aircraft to Aircraft Filming | <input type="checkbox"/> Slung/External Load | |

If you indicated above that Stunt is a usage, please indicate below the type of stunt activity:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Parachuting | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Other |
| <input type="checkbox"/> Out of Aircraft Passenger Activity | <input type="checkbox"/> 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:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Scouting | <input type="checkbox"/> Aerial Filming | <input type="checkbox"/> Stunt |
| <input type="checkbox"/> Aircraft to Aircraft Filming | <input type="checkbox"/> Slung/External Load | |

If you indicated above that Stunt is a usage, please indicate below the type of stunt activity:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Parachuting | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Other |
| <input type="checkbox"/> Out of Aircraft Passenger Activity | <input type="checkbox"/> 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:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Scouting | <input type="checkbox"/> Aerial Filming | <input type="checkbox"/> Stunt |
| <input type="checkbox"/> Aircraft to Aircraft Filming | <input type="checkbox"/> Slung/External Load | |

If you indicated above that Stunt is a usage, please indicate below the type of stunt activity:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Parachuting | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Other |
| <input type="checkbox"/> Out of Aircraft Passenger Activity | <input type="checkbox"/> Zip/Fast Line | |

Describe any item(s) checked above:

Please detail below, all aircraft utilized by applicant:

EVENT NUMBER	MAKE MODEL	# OF PASSENGER SEATS OPERATOR	IS AIRCRAFT A UAV? UNDERLYING LIMIT
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

FRACTIONAL NON-OWNED

Complete if applying for Fractional Non-Owned

UTILIZATION

- 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
- Number of hours purchased under a fractional agreement

CURRENT YEAR	NEXT YEAR

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

Describe any item(s) checked above:

Please check all operation activities below for which the Applicant engages in:

- Transportation of musicians or entertainers
- Transportation of sports teams
- Transportation to off-shore oil platforms/pipeline/power-line patrol
- Helicopters with slung loads
- Herding/predator control/aerial application/prescribed burning
- Flight instruction of any type

Describe any item(s) checked above:

Percentage of passengers that are employees versus guests _____

Are any aircraft use at other than paved, public airports?

YES NO

If yes, please describe usage: _____

Will any aircraft be used outside of the continental U.S.?

YES NO

If yes, describe location, purpose, and frequency _____

FRACTIONAL AIRCRAFT

Please detail below, all aircraft utilized by applicant:

MAKE	MODEL	REGISTRATION NUMBER	OWNED PERCENTAGE	# OF PASS. SEATS	OPERATOR	UNDERLYING LIMIT

SINGLE CHARTER

Complete if applying for Single Charter Non-Owned

Charter Customer Name _____

Charter Customer Address _____

Trip Start Date _____ Trip End Date _____ # of Passengers _____

Charter Operators Name _____

Charter Operators Limit of Liability _____

Was Certificate of Insurance issued to Charter Customer naming them as Additional Insured?

YES NO

