

**NON-OWNED AIRCRAFT LIABILITY APPLICATION**

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business of Applicant: \_\_\_\_\_  
 Applicant Is: \_\_\_\_\_  
 Inception Date: \_\_\_\_\_ Current Insurance Carrier: \_\_\_\_\_

**DESIRED LIMITS**

<b>Non-Owned Liability</b>	
<b>Non-Owned Physical Damage:</b>	

**PRO FLOWN CHARTER**

Does the applicant have non-owned aircraft exposures with professional pilots: \_\_\_\_\_

If YES, then please answer the following questions:

What is the maximum passenger seating on the largest aircraft chartered:  
 \_\_\_\_\_

What is the average load: \_\_\_\_\_

What are the lowest liability limits carried on these aircraft? \_\_\_\_\_

How many hours of Chartered exposures in the:

Last 12 Months: \_\_\_\_\_ Next 12 Months: \_\_\_\_\_

	Charter Company	Aircraft Type	Additional Insured	Require Certificate	Limits Carried
1					
2					
3					

**NON-PRO EMPLOYEE FLOWN AIRCRAFT**

Does the applicant use non-owned aircraft which are operated by non-pro pilots or employee pilots?  YES  NO

If YES, then please answer the following questions:

What is the maximum passenger seating on the largest of these aircraft?  
 \_\_\_\_\_

What is the average passenger load? \_\_\_\_\_

How many hours of use is estimated for non-pro flown, non-owned aircraft:

In the last 12 Months: \_\_\_\_\_ Next 12 Months: \_\_\_\_\_

Advise how many employees the applicant has that are pilots:

What type of aircraft do your employees use? \_\_\_\_\_

**Please attach a current and signed Pilot History Form for all Employee Pilots.**

### AIRCRAFT

Will the aircraft be used for any of the following:

_____ Powerline Patrol	_____ Pipeline Patrol	_____ Offshore
_____ Logging	_____ Cruise Ship	_____ Casinos
_____ Instruction & Rental	_____ Filming	_____ Medivac
_____ Sports Teams	_____ Aerial Photo	_____ Agriculture

Does the applicant have any non-owned exposures involving any of the following types of aircraft?

_____ Balloons	_____ Military Aircraft	_____ Offshore
_____ Hang Gliders	_____ Ultralights	_____ Blimps

Does the applicant have any non-owned aircraft exposures outside of the following areas:

\_\_\_\_\_ USA      \_\_\_\_\_ Canada      \_\_\_\_\_ Mexico      \_\_\_\_\_ Western Europe

If YES, describe: \_\_\_\_\_

Does the applicant have any non-owned aircraft exposures inside Alaska?  Yes  No

### EXPOSURES

Does the applicant have any written procedures relating to the use of aircraft?  Yes  No

If YES, describe: \_\_\_\_\_

What are the applicant's minimum internal written requirements for liability limits from aircraft owners/operators: \_\_\_\_\_

Is the applicant an Additional Insured for any aircraft on the owners/operator's policy:  Yes  No

### LOSS HISTORY

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

If YES, describe: \_\_\_\_\_

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

Would you like the Non-Owned Extended Coverage Endorsement (aircraft liability) buyback for a policy premium surcharge of 25%?  Yes  No

All particulars herein are warranted 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 insured shall be the basis of any contract between me/us and the insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

I/We authorize Nason Associates, Inc. and the following agent/broker to represent me/us in the placing of this insurance (State agent/broker's name and address): \_\_\_\_\_

**FRAUD WARNING:** 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.

Date: \_\_\_\_\_ Authorized Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_