

NON-OWNED AIRCRAFT LIABILITY APPLICATION

APPLICANT INFORMATION

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

DESIRED LIMITS

Non-Owned Liability	_____
Non-Owned Physical Damage:	_____

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

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: _____