

Aero Alliance Insurance Services

HELICOPTER OPERATORS INSURANCE APPLICATION

Name of Applicant _____

Address _____

Applicant Is: Individual Corporation Partnership Other Explain _____

Your Business Is: _____

Present Insurance Co. _____ Policy Expires: _____

NBAA Member? Yes No HAI Member? Yes No

AIRCRAFT INFORMATION

For additional aircraft, attach separate sheet

YEAR, MAKE & MODEL	N#	CAPACITY		PURCHASE DATE	PURCHASE PRICE W/EQUIPMENT	CURRENT VALUE	STANDARD AIRWORTHINESS	
		CREW	PASSENGER				<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
_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any airworthiness other than standard _____

Aircraft usually based at _____ Usually hangared? Yes No

If private heliport, describe location, facilities, security _____

Will aircraft be used anyplace other than FAA approved landing areas? Yes No

If yes, how often? _____

Give location and description of non-FAA approved landing areas _____

Will rooftop landing areas be used? Yes No

Give location and description of rooftop landing areas _____

Will aircraft be used outside the continental United States? Yes No

If yes, how often? _____

Describe operations outside the continental U.S. _____

Describe normal area of operations _____

SAFETY EQUIPMENT

Indicate the safety equipment currently on your aircraft

	ALL A/C	SOME A/C	NONE		ALL A/C	SOME A/C	NONE
Shoulder harness for all seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Energy absorbing seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crash resistant fuel systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GPS integrated ELT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire strike protection systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skid snag protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collision avoidance lights/strobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two axis stabilization system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Belly lights/flood lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IFR Equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High visibility rotor blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flotation/pop out floats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

AIRCRAFT USE*Check uses for which coverage is desired and indicate estimated annual hours for each category*

- | | | |
|-----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Business & pleasure _____ | <input type="checkbox"/> Offshore/oil rig _____ | <input type="checkbox"/> Logging _____ |
| <input type="checkbox"/> Industrial aid (Corporate) _____ | <input type="checkbox"/> Law enforcement/police _____ | <input type="checkbox"/> Heli-skiing _____ |
| <input type="checkbox"/> Air ambulance/EMS _____ | <input type="checkbox"/> In-flight pick up/delivery _____ | <input type="checkbox"/> Sight seeing/air tours _____ |
| <input type="checkbox"/> Aerial application _____ | <input type="checkbox"/> Forest service/BLM _____ | <input type="checkbox"/> Seismic oil/gas exploration _____ |
| <input type="checkbox"/> Instruction _____ | <input type="checkbox"/> Search & rescue _____ | <input type="checkbox"/> Fire fighting/fire support _____ |
| <input type="checkbox"/> Rental _____ | <input type="checkbox"/> Traffic watch _____ | <input type="checkbox"/> Movies/cinematography _____ |
| <input type="checkbox"/> Air taxi _____ | <input type="checkbox"/> Pipeline/powerline patrol _____ | <input type="checkbox"/> Aerial photography _____ |
| <input type="checkbox"/> External load/slung cargo _____ | <input type="checkbox"/> Electronic news gathering _____ | <input type="checkbox"/> Crew training _____ |
| <input type="checkbox"/> Other uses (explain) _____ | | |

Total estimated annual utilization _____**AIRCRAFT MAINTENANCE**

- Will "OEM" flight-critical parts be used on your aircraft? Yes No
- Will "OEM" parts be purchased from Bell (American Eurocopter) or a Bell Customer Service Facility? Yes No
- Will all maintenance be performed by personnel who have attended Bell (American Eurocopter) Training Academy field maintenance course for each model, or at a Bell Customer Service Facility by Bell factory trained technicians? Yes No
- Will all component repairs or overhauls be performed by personnel who have attended a Bell (American Eurocopter) Training Academy component repairs and overhaul course, or at a Bell Customer Service Facility by factory trained technicians? Yes No

AIRCRAFT OWNERSHIP

- I do not own the aircraft by myself Names & addresses of: Co-owner(s) Mortgagee(s) Lessor(s)
- NAME _____ NAME _____
- ADDRESS _____ ADDRESS _____
- Amount of any lien, excluding interest and/or finance charges \$ _____
- Does your lienholder require lienholder's interest insurance (Breach of Warranty)? Yes No

COVERAGE*Indicate the coverages desired*

- Combined Liability Coverage for BI & PD \$ _____ Each person \$ _____ Each occurrence
- Combined Liability Coverage for BI (except to passengers) & PD \$ _____ Each person \$ _____ Each occurrence
- Liability Coverage for BI to anyone but passengers \$ _____ Each person \$ _____ Each occurrence
- Liability Coverage for BI to passengers only \$ _____ Each person \$ _____ Each occurrence
- Liability Coverage for PD \$ _____ Each occurrence
- Medical Coverage \$ _____ Each person
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- Rotors not in-motion deductible \$ _____ Rotors in-motion deductible \$ _____

ACCIDENTS/INCIDENTS

- Any accidents/incidents in the last 5 years? (If yes, describe fully on separate sheet) Yes No
- Has any insurer cancelled, declined, or refused to write any aviation insurance for you or one of your pilots? Yes No

I/We authorize Aero Alliance Insurance Services to represent me/us in the placing of this insurance. I/We warrant that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until a binder is in effect or a policy has been issued. It is understood, however, that if insurance is ordered from and accepted, the full amount of premium becomes immediately due and payable. I/We authorize agent to investigate all or any qualifications or statements contained herein.

Date _____

X _____
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE IS REQUIRED