

Aero Alliance Insurance Services

NON-OWNED AIRCRAFT INSURANCE APPLICATION

Name of Applicant _____

Address _____

Quotation for Airport Liability insurance is requested for an annual period beginning: _____

The following insurance is requested for an annual period beginning: _____

Present Insurance Expires _____

APPLICANT IS Individual Corporation Partnership (name each partner) _____

BUSINESS APPLICANT IS _____

NON-OWNED AIRCRAFT — List year, make, and model of aircraft which may be used by applicant in next 12 months.

PILOTS

Information required on an individual applicant on each pilot employee of a company applicant IF MORE THAN TWO PILOTS, ATTACH SEPARATE SHEET

NAME	AGE	OCCUPATION	YEAR LEARNED TO FLY	DATE OF LAST BIENNIAL	DATE OF LAST MEDICAL
FAA PILOT CERTIFICATE <input type="checkbox"/> STU <input type="checkbox"/> COM'L <input type="checkbox"/> CFI <input type="checkbox"/> ASEL <input type="checkbox"/> ASES <input type="checkbox"/> INSTRUMENT CERTIFICATE NUMBER _____					
AND RATINGS NOW HELD <input type="checkbox"/> PVT <input type="checkbox"/> ATR <input type="checkbox"/> OTHER _____ <input type="checkbox"/> AMEL <input type="checkbox"/> AMES <input type="checkbox"/> OTHER _____ DATE OF ISSUE _____					

Pilot-in-Command Experience by MAKE & MODEL of AIRCRAFT	TOTAL HOURS	TOTAL HOURS LAST 12 MONTHS	TOTAL HOURS EST NEXT 12 MONTHS	TOTAL HOURS LAST 90 DAYS	TOTAL HOURS INSTRUMENT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NAME	AGE	OCCUPATION	YEAR LEARNED TO FLY	DATE OF LAST BIENNIAL	DATE OF LAST MEDICAL
FAA PILOT CERTIFICATE <input type="checkbox"/> STU <input type="checkbox"/> COM'L <input type="checkbox"/> CFI <input type="checkbox"/> ASEL <input type="checkbox"/> ASES <input type="checkbox"/> INSTRUMENT CERTIFICATE NUMBER _____					
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WITH RESPECT TO EACH PILOT:

Explain each "YES" answer

- As pilot - any accidents, any citations for FAR violations or any license limitations? NO YES
- Any physical impairments or limitations or waivers on Medical Certificate? NO YES
- Any felony convictions or license suspensions arising out of the operation of a motor vehicle? NO YES
- Any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs? NO YES

USES

Explain each "YES" answer

- Will applicant make any charge to others for use of the aircraft? NO YES
- Will aircraft be used for other than transportation of persons (such as hunting, dusting, patrol, research, etc.)? NO YES
- Will aircraft be operated at other than paved public airports or outside the continental U.S.? NO YES

Where? _____ Purpose? _____ Frequency? _____

Will aircraft be used for student pilot instruction? NO YES

Name of Trainees _____ Instructor _____ Flight School _____

Company applicants: State annual flying hours of Non-owned aircraft used in business applicant:

(a) Rental aircraft and use of employee owner aircraft: last year _____ est. next year _____

(b) Chartered aircraft with non-employee pilots: last year _____ est. next year _____

Average number of passengers each trip? _____ Usually guests or employees? _____

Number of branch offices? _____ Total number of employees? _____

Number of employees who are pilots? _____ Number employed in pilot capacity? _____

Number of employees who own aircraft? _____ Number used in company business? _____

Number of employees whose regular duties require aircraft travel? _____

Any charters or rentals for more than seven consecutive days? NO YES

Any use of jets, helicopters, or aircraft over eight-place including crew? NO YES

LIABILITY COVERAGE

State limits of liability desired

	EACH PERSON	EACH OCCURRENCE
Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____
Property Damage Liability	\$ _____ X _____ X _____	\$ _____
Passenger Bodily Injury Liability	\$ _____	\$ _____
SINGLE LIMIT BI, PD <input type="checkbox"/> Psgrs Incl. <input type="checkbox"/> Psgrs Excl.	\$ _____ X _____ X _____	\$ _____

LOSS HISTORY & PREVIOUS AVIATION INSURANCE

Explain each "YES" answer

Has applicant had any airport/aviation losses/claims during the last five years? NO YES

Has insurer canceled, declined, or refused to renew any airport/aviation insurance? NO YES

Name of last or present airport/aviation insurance company _____

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