



Corporate Non-Owned Aircraft Liability Application

Please fill in all blanks, check all applicable boxes, and sign and date at bottom. This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

Check all that apply below

Form with fields for Applicant's Name, Address, City, State, Zip, Phone (Home and Work), Applicant's Business Is, Current Insurance Carrier, and Current Coverage Expires.

Checklist with options: Applicant is an Individual, Corporation, Partnership, Other, No Accidents/Incidents or Claims in last 5-years, Insurance has never been Canceled or Non-Renewed.

\*Use this space provided to name each partner or the entity that best describes the applicant (which ever applies),

2. LIABILITY COVERAGE OPTIONS AND LIMITS DESIRED (please complete using N/A when not applicable)

Table with columns: Type Coverage, Desired Limit, Remarks. Rows include Bodily Injury and Property Damage, Passenger Liability, Physical Damage Liability, Personal Injury, Medical Expense, and Other (specify).

3. AIRCRAFT USE INFORMATION:

Table with columns: Annual Hours of Non-Owned Aircraft Usage, Current Year, Next Year. Rows include Aircraft Rented, Chartered, operated/owned by employees, and hired to perform work.

Does the applicant use any of the following types of aircraft? (check all that apply)

- Checklist of aircraft types: Glider / Sailplane, Balloon, Military Surplus, Blimp, Experimental / Kit / Ultralight, Aircraft having in excess of 8 total seats, Sea plane, Unmanned Aerial Vehicles, Aircraft having in excess of 40 total seats.

Describe any item checked above:



**Does the applicant use non-owned aircraft for any of the following purposes? (check all that apply)**

- Movie/TV/Film/Video Production
- Transportation of musicians or entertainers
- Helicopters with slung loads
- Transportation to off-shore oil platforms
- Herding or Predator Control
- Any use where the applicant charges others for the use of aircraft
- Transportation of sports teams
- Aerial application or Controlled/Prescribed Burning
- Sales Demonstration
- Religious/Charitable/Missionary work
- Flight Instruction of any type

Describe any item checked above: \_\_\_\_\_

**4. ADDITIONAL INFORMATION:**

- a. How many branch offices does applicant have?.....
- b. Applicant's total number of employees? .....
- c. Number of employees who are pilots?.....
- d. Number of applicant's employees who are employed in a pilot capacity? .....
- e. Number of applicant's employees who own aircraft?.....
- f. Number of these aircraft used on company business?.....
- g. Number of employees whose regular duties require aircraft travel?.....
- h. Average number of passengers per trip?.....
- i. Are Passengers usually employees or guests? .....
- j. Number of aircraft owned or leased in excess of 7 days to the applicant? .....

Describe (make and model, et al): \_\_\_\_\_

- k. Does applicant charter or rent any aircraft for more than 7 consecutive days? .....  Yes  No
- l. Are any aircraft used at other than paved, public airports? .....  Yes  No
- m. Will any aircraft be used outside of the continental U.S.? .....  Yes  No  
(If Yes, describe locations, purposes, frequency below)

**Explain all YES answers (attach separate sheet, if necessary) :** \_\_\_\_\_

**5. OTHER INSURANCE**

Is there presently in force, or will any coverage be purchased that is excess to this coverage?.....  Yes  No

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 an additional insured under the owner's / operator's primary insurance policy? .....  Yes  No

If yes, is a certificate of insurance obtained? .....  Yes  No

**6. 5-YEAR LOSS HISTORY (attach loss runs if available):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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*I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company; this application does not bind the applicant or the company to provide any insurance; any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **NOTICE TO APPLICANTS**

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 S.S. 3613.1)