

INSURANCE TECHNOLOGIES & PROGRAMS
A Division of Air Capital Insurance, LLC
P.O. Box 148, Wichita, KS 67201

Non-Owned Aircraft Liability Application

APPLICANT INFORMATION

Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Business of Applicant: _____
Applicant Is: _____
Insurance is requested from: _____ to _____

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 passenger 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
1	_____	_____		
2	_____	_____		
3	_____	_____		

NON-PRO EMPLOYEE FLOWN

Does the applicant have non-owned aircraft exposure with non-pro pilots or employee pilots?

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?

What are the lowest liability limits carried on these aircraft?

How many hours of non-professionally flown non-owned exposure 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? _____

AIRCRAFT

Will the aircraft be used for any of the following?

**POWERLINE PATROL
LOGGING**

**PIPELINE PATROL
CRUISE SHIP**

**MEDIVAC
CASINO EXPOSURES**

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

**BALLOONS
HANG GLIDERS**

**MILITARY AIRCRAFT
ULTRALIGHTS**

**HOME BUILTS
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? _____

NON-OWNED LIABILITY COVERAGE AND LIMITS

Limits of Liability
Each Occurance

Single Limit Bodily Injury and Property Damage
(Including Passenger Liability)

EXPOSURES

Does the applicant have any instructions relating to aircraft use?

If Yes, describe: _____

What are the applicants minimum internal written requirements for liability limits from aircraft owners/operators?

LOSS HISTORY

Has the applicant had any aircraft/aviation losses, claims or incidents?

Has any insurer cancelled, declined or refused to renew any aviation insurance policy?

If Yes, describe: _____

Would you like the Non-Owned Extended Coverage Endorsement (aircraft liability) buyback for a policy premium surcharge of 25%?

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.

Date: _____
Title: _____

Applicant's Signature: _____

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

PILOT INFORMATION PILOT INFORMATION

Is the pilot listed above flying under a waiver? Yes No

If "Yes" please explain: _____

Has the pilot listed above ever had their FAA or DOT license suspended or revoked? Yes No

If "Yes" please explain: _____

Has the pilot listed above ever had an accident, incident or violation? Yes No

If "Yes" please explain: _____

Has the pilot listed above ever had an Aircraft hull or liability insurance policy canceled or declined by an insurance company? Yes No

If "Yes" please explain: _____

Has the pilot listed above ever been convicted of or pleaded guilty to a charge of reckless driving? Yes No

If "Yes" please explain: _____

Has the pilot listed above ever been convicted of or pleaded guilty to a charge of driving under the influence of alcohol or drugs? Yes No

If "Yes" please explain: _____

Has the pilot listed above ever been convicted of or pleaded guilty to a felony? Yes No

If "Yes" please explain: _____

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.

IF ADDITIONAL SPACE IS NEEDED TO FULLY ANSWER ABOVE QUESTIONS USE SEPARATE PAGE.

I CERTIFY THAT THE STATEMENTS IN THIS FORM ARE TRUE AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD OR SUPPRESSED.

Date: _____
Title: _____

Pilot's Signature: _____