

AAISC - NON OWNED AIRCRAFT APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

Quotation for the following insurance is requested for an annual period beginning _____ 20__

The following insurance is requested for an annual period beginning _____ 20__

Present Insurance expires _____

APPLICATION IS Individual Corporation Partnership (name each partner) _____

Business of 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 a individual applicant and on each pilot employee of a company applicant If more than one Pilots attach separate sheet

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

PILOT-IN COMMAND EXPERIENCE BY MAKE AND MODEL OF AIRCRAFT	Total Hours	Total Hours Last 12 Months	Total Hours Est. Next 12 Months	Total Hours Last 90 Days	Total Hours Instrument
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

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 or pilot instruction? NO YES

Name of trainee(s) _____ Instructor _____ Flight School _____

COMPANY applicants: State annual flying hours of Non-Owned aircraft used in business of applicant:

(a) Rented aircraft and use of employee owner aircraft – last year _____ : estimated next year _____

(b) Chartered aircraft with non-employee pilots – last year _____ : estimated next year _____

Average number of passengers each trip? _____ : are passengers 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 of these aircraft used on company business? _____

Number of aircraft owned by company? _____ : make and models: _____

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

EXPLAIN EACH YES ANSWER

LIABILITY COVERAGE

STATE LIMITS OF LIABILITY DESIRED		EACH PERSON	EACH OCCURRENCE
Bodily Injury Liability Excluding Passengers		\$	\$
Property Damage Liability		XXX	\$
Passenger Bodily Injury Liability		\$	\$
SINGLE LIMIT BI, PD	Passengers Included <input type="checkbox"/> Passengers Excluded	XXX	\$

LOSS HISTORY and PREVIOUS AVIATION INSURANCE

Explain each "YES" answer

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

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

Name of last or present aircraft insurance company: _____

I/WE authorize the following agent or broker to represent me/us in the placing of this insurance:

Name and address of agent or broker

Date _____ 19 _____

X _____
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE IS REQUIRED