



NON-OWNED AIRCRAFT APPLICATION

1. Name: _____
2. Address: _____
 City: _____ State: _____ ZIP: _____
3. Present Insurance Expires: _____ Quotation requested from _____ to _____
4. Applicant is: Individual Corporation Partnership (Name each partner) _____
5. Business Applicant is: _____
6. NON OWNED AIRCRAFT - List year, make and model of aircraft which may be used by applicant in next 12 months:

PILOTS INFORMATION

Information required on an individual applicant and on each pilot employee of a company applicant. If more than two pilots attach separate.

PILOT 1

Name: _____ Age: _____ Occupations: _____
 Year learned to fly: _____ Date of last Biennial: _____ Date of last Medical: _____
 FAA Pilot Certificate and ratings now held: STU PVT COMPL ATR CFI Other _____
 ASES AMES ASEL AMEL Instrument Other _____
 Cert Number: _____ Date of issue: _____

Pilot in Command Experience:

Aircraft Make/Model	Total Hours	Total last 12 Months	Total last 90 Days	Total Instrument	Total Night



PILOT 2

Name: _____ Age: _____ Occupations: _____

Year learned to fly: _____ Date of last Biennial: _____ Date of last Medical: _____

FAA Pilot Certificate and ratings now held: STU PVT COM'PL ATR CFI Other _____

ASES AMES ASEL AMEL Instrument Other _____

Cert Number: _____ Date of issue: _____

Pilot in Command Experience:

Aircraft Make/Model	Total Hours	Total last 12 Months	Total last 90 Days	Total Instrument	Total Night

With respect to each pilot:

	Explain each "Yes" Answer			
	Yes	No	Yes	No
As pilot, any accidents, any citations for FAR violations or any license limitations?	[]	[]	[]	[]
Any physical impairments or limitations or waivers on Medical Certificates?	[]	[]	[]	[]
Any felony convictions or license suspensions arising out of the operation of a motor vehicle?	[]	[]	[]	[]
Any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs?	[]	[]	[]	[]

USES:

	Explain each "Yes" Answer	
	Yes	No
Will applicant make any charge to other for use of the aircraft?	[]	[]
Will aircraft be used for other than transportation of persons (such as hunting, dusting, patrol, research etc)?	[]	[]
Will aircraft be operated at other than paved public airports or outside the continental U.S.?	[]	[]
Where: _____ Purpose: _____ Frequency: _____		
Will aircraft be used for student pilot instruction?	[]	[]

Name of trainee(s) _____ Instructor: _____

Flight School _____

COMPANY APPLICANTS

7. State annual flying hours of Non-Owned aircraft used in business 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; _____
8. Average number of passengers each trip: _____ are passengers usually guests or employees: _____
9. Number of branch offices: _____ Total number of employees: _____
10. Number of employees who are pilots: _____ Number employed in pilot capacity: _____





11. Number of employees who own aircraft: _____ number of these aircraft used on company business: _____
12. Number of aircraft owned by company: _____ makes and models: _____
13. Number of employees who regular duties require aircraft travel: _____ Any charters or rentals for more than seven consecutive days: Yes No
14. Any use of jets, helicoptores or aircraft over eight place including crew: Yes No

LIABILITY COVERAGE

Coverage	State Limits Desired	Each Person	Each Occurance
Bodily Injury Liability Excluding Passengers		\$	\$
Property Damage Liability		XXX	\$
Passenger Bodily Injury Liability		\$	\$
Single Limit BI, PD. Passengers Included Passengers Excluded		XXX	\$

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE

- | | | |
|--|---------------------------|----|
| | Explain each "Yes" answer | |
| | Yes | No |
15. Has any applicant had any aircraft/aviation losses/claims during the last five years: Yes No

16. Has any insurere canceled, declined or refused to renew any aviation insurance: Yes No

17. Name of last or present aircraft insurance company: _____
18. 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

I/We represent that all information provided in the 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 untill the insurance company effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by the insurance company, the full amount of premium becomes immediately due and payable. I/We authorize the insurance company to investigate all or any qualifications or statements conatined on this application.

Date: _____ Signature: _____

Personal signature of applicant or authroized executive is required

