



## NON-OWNED AIRCRAFT LIABILITY APPLICATION

### APPLICANT INFORMATION

Named Insured \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### CURRENT COVERAGE

Is current coverage in place at the time of this application? ☐ YES ☐ NO

If yes, current Insurance Carrier: \_\_\_\_\_

Current Coverage expires: \_\_\_\_\_

### APPLICANT UNDERWRITING QUESTIONS

What type of coverage are you applying for (please select one below)?

- ☐ Corporate Non-Owned – Annual Policy (please complete page 2 of this application)
- ☐ Entertainment Production Project Non-Owned (please complete page 3, 4 and 5 of this application)
- ☐ Fractional Ownership – Annual Policy (please complete page 6 of this application, fractional only)
- ☐ Single Charter Trip Non-Owned - Short Term Policy (please complete page 6, single charter only)

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 Additional Insured under the owner/operator's primary insurance policy? ☐ YES ☐ NO

If yes, has a Certificate of Insurance noting Additional Insured to the primary policy been obtained? ☐ YES ☐ NO

Has insurance ever been cancelled or non-renewed? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Has applicant had any accidents/incidents or claims in the last 5 years? ☐ YES ☐ NO

### LIABILITY LIMITS DESIRED

Bodily Injury and Property Damage Combined Single Limit \$ \_\_\_\_\_

Physical Damage Liability \$ \_\_\_\_\_

Premises Liability \$ \_\_\_\_\_

Personal Injury Liability \$ \_\_\_\_\_

Medical Payments Expense \$ \_\_\_\_\_

**UTILIZATION**

Number of hours an aircraft is rented, leased or chartered by or on behalf of the Applicant

Number of hours an aircraft is operated, owned or rented by Applicant's employees and flown by employees on company business

Number of hours an aircraft is hired to perform work on behalf of the Applicant

CURRENT YEAR	NEXT YEAR

Please check all aircraft below that the Applicant utilizes:

- ☐ Aircraft in excess of 40 total seats
 ☐ Seaplane
 ☐ Balloon/Blimp  
☐ Glider/Sailplane/Experimental/Kit/Ultralight
 ☐ Unmanned Aerial Vehicles

Describe any item(s) checked above:

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Please check all operation activities below for which the Applicant engages in:

- ☐ Transportation of musicians or entertainers
 ☐ Transportation of sports teams  
☐ Transportation to off-shore oil platforms/pipeline/power-line patrol
 ☐ Helicopters with slung loads  
☐ Herding/predator control/aerial application/prescribed burning
 ☐ Flight instruction of any type

Describe any item(s) checked above:

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How many employees are pilots? \_\_\_\_\_

Percentage of passengers that are employees versus guests \_\_\_\_\_

Are any aircraft use at other than paved, public airports?

☐ YES ☐ NO

If yes, please describe usage: \_\_\_\_\_

Will any aircraft be used outside of the continental U.S.?

☐ YES ☐ NO

If yes, describe location, purpose, and frequency \_\_\_\_\_

Does the Applicant broker charter flights for 3<sup>rd</sup> parties?

☐ YES ☐ NO

Do you confirm charter operator liability limits of no less than \$50,000,000 Combined Single Limit?

☐ YES ☐ NO

Do you secure Additional Insured Certificates from all charter operators utilized?

☐ YES ☐ NO

Do you only utilize charter operators that participate in 3<sup>rd</sup> party safety audit programs?

☐ YES ☐ NO

**CORPORATE AIRCRAFT**

Please detail below, all aircraft utilized by applicant (utilize an additional page if necessary):

MAKE	MODEL	# OF PASS. SEATS	OPERATOR	UNDERLYING LIMIT

**UTILIZATION**

Number of events planned (annual production liability)

Number of hours an aircraft is rented, leased or chartered by or on behalf of the Applicant

Number of hours an aircraft is owned, operated or rented by Applicant's employees and flown by the employee on company business

Number of hours an aircraft is hired to perform work on behalf of the Applicant

**CURRENT YEAR****NEXT YEAR***Please check all aircraft below that the Applicant utilizes:*☐

Aircraft in excess of 40 total seats

☐

Seaplane

☐

Balloon/Blimp

☐

Glider/Sailplane/Experimental/Kit/Ultralight

☐

Unmanned Aerial Vehicles

*Describe any item(s) checked above:*


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*Please check all operation activities below for which the Applicant engages in:*☐

Movie/TV/Film/Video

☐

Helicopters with slung loads

☐

Transportation of musicians or entertainers

*Describe any item(s) checked above:*


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Percentage of passengers that are employees versus guests

Are any aircraft use at other than paved, public airports?

☐

YES

☐

NO

If yes, please describe usage:

Will any aircraft be used outside of the continental U.S.?

☐

YES

☐

NO

If yes, describe location, purpose, and frequency

*Please list all events and related aircraft on page 4 and 5. If additional events or aircraft are needed, please utilize an additional page.*

**EVENT NUMBER:**

Title of Event \_\_\_\_\_

Event Description \_\_\_\_\_

Start date of the event: \_\_\_\_\_

Number of days (including scouting/filming) \_\_\_\_\_

Location of event (country, city, state/province) \_\_\_\_\_

*For this event, indicate all the uses of aircraft below:*☐

Scouting

☐

Aerial Filming

☐

Stunt

☐

Aircraft to Aircraft Filming

☐

Slung/External Load

*If you indicated above that Stunt is a usage, please indicate below the type of stunt activity:*☐

Parachuting

☐

Pyrotechnics

☐

Other

☐

Out of Aircraft Passenger Activity

☐

Zip/Fast Line

*Describe any item(s) checked above:***EVENT NUMBER:**

Title of Event \_\_\_\_\_

Event Description \_\_\_\_\_

Start date of the event: \_\_\_\_\_

Number of days (including scouting/filming) \_\_\_\_\_

Location of event (country, city, state/province) \_\_\_\_\_

*For this event, indicate all the uses of aircraft below:*☐

Scouting

☐

Aerial Filming

☐

Stunt

☐

Aircraft to Aircraft Filming

☐

Slung/External Load

*If you indicated above that Stunt is a usage, please indicate below the type of stunt activity:*☐

Parachuting

☐

Pyrotechnics

☐

Other

☐

Out of Aircraft Passenger Activity

☐

Zip/Fast Line

*Describe any item(s) checked above:***EVENT NUMBER:**

Title of Event \_\_\_\_\_

Event Description \_\_\_\_\_

Start date of the event: \_\_\_\_\_

Number of days (including scouting/filming) \_\_\_\_\_

Location of event (country, city, state/province) \_\_\_\_\_

*For this event, indicate all the uses of aircraft below:*☐

Scouting

☐

Aerial Filming

☐

Stunt

☐

Aircraft to Aircraft Filming

☐

Slung/External Load

*If you indicated above that Stunt is a usage, please indicate below the type of stunt activity:*☐

Parachuting

☐

Pyrotechnics

☐

Other

☐

Out of Aircraft Passenger Activity

☐

Zip/Fast Line

*Describe any item(s) checked above:*

Please detail below, all aircraft utilized by applicant:

EVENT NUMBER	MAKE	# OF PASSENGER SEATS	IS AIRCRAFT A UAV?
	MODEL	OPERATOR	UNDERLYING LIMIT
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**FRACTIONAL NON OWNED***Complete if applying for Fractional Non Owned***UTILIZATION**

Number of hours an aircraft is rented, leased or chartered by or on behalf of the Applicant

Number of hours an aircraft is operated, owned or rented by Applicant's employees and flown by employees on company business

Number of hours an aircraft is hired to perform work on behalf of the Applicant

Number of hours purchased under a fractional agreement

**CURRENT YEAR****NEXT YEAR***Please check all aircraft below that the Applicant utilizes:*

- ☐ Aircraft in excess of 40 total seats ☐ Seaplane ☐ Balloon/Blimp  
☐ Glider/Sailplane/Experimental/Kit/Ultralight ☐ Unmanned Aerial Vehicles

Describe any item(s) checked above:

*Please check all operation activities below for which the Applicant engages in:*

- ☐ Transportation of musicians or entertainers ☐ Transportation of sports teams  
☐ Transportation to off-shore oil platforms/pipeline/power-line patrol ☐ Helicopters with slung loads  
☐ Herding/predator control/aerial application/prescribed burning ☐ Flight instruction of any type

Describe any item(s) checked above:

Percentage of passengers that are employees versus guests

Are any aircraft use at other than paved, public airports?

☐ YES ☐ NO

If yes, please describe usage: \_\_\_\_\_

Will any aircraft be used outside of the continental U.S.?

☐ YES ☐ NO

If yes, describe location, purpose, and frequency \_\_\_\_\_

**FRACTIONAL AIRCRAFT**

Please detail below, all aircraft utilized by applicant:

MAKE	MODEL	REGISTRATION NUMBER	OWNED PERCENTAGE	# OF PASS. SEATS	OPERATOR	UNDERLYING LIMIT

**SINGLE CHARTER***Complete if applying for Single Charter Non Owned*

Charter Customer Name \_\_\_\_\_

Charter Customer Address \_\_\_\_\_

Trip Start Date \_\_\_\_\_

Trip End Date \_\_\_\_\_

# of Passengers \_\_\_\_\_

Charter Operators Name \_\_\_\_\_

Charter Operators Limit of Liability \_\_\_\_\_

Was Certificate of Insurance issued to Charter Customer naming them as Additional Insured?

☐ YES ☐ NO

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS

U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

☐

I hereby elect to purchase terrorism coverage for a prospective premium of \$ \_\_\_\_\_

☐

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

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.

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**