

NON-OWNED AIRCRAFT LIABILITY APPLICATION

APPLICANT INFORMATION	
Named Insured	
Address	
CityState	Zip
CURRENT COVERAGE	
Is current coverage in place at the time of this application?	☐ YES ☐ NO
If yes, current Insurance Carrier:	
Current Coverage expires:	
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 ap	oplication)
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 app	olication, fractional only)
Single Charter Trip Non-Owned - Short Term Policy (please complete page	e 6, single charter only)
Does the Applicant require a minimum limit of liability when using non-owned aircra	aft? YES NO
If yes, what limit is required?	
Does the applicant require the owner/operator to name the applicant as Additional	YES NO
Insured under the owner/operator's primary insurance policy? If yes, has a Certificate of Insurance noting Additional Insured to the prima	ary
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	¢.

CORPORATE NON OW	NED	Com	plete if applying fo	r Corporate Non	Owned Coverage		
	UTILIZATIO	N		CURRENT YEAR	NEXT YEAR		
Number of hours an a	ircraft is rented, leased or c	hartered by or on behal	f of the				
Applicant							
Number of hours an aircraft is operated, owned or rented by Applicant's employees and							
flown by employees o		varie on babalf of the An	alicant				
Number of hours an a	ircraft is hired to perform w	ork on behall of the App	oncant				
Please check all aircraft	t below that the Applicant u	tilizes:					
Aircraft in exce	ss of 40 total seats	Seapla	ne	Balloon/Blimp			
Glider/Sailplane	e/Experimental/Kit/Ultraligh	nt Unmar	nned Aerial Vehicle	es			
	, p. 1, ,, 1 0						
Describe any item(s) c	hecked above:						
	ion activities below for which						
Transportation	of musicians or entertainer	S	Tr	ansportation of s	ports teams		
Transportation	to off-shore oil platforms/p	oipeline/power-line patro	ol He	elicopters with slu	ıng loads		
Herding/predat	tor control/aerial application	n/prescribed burning	Fli	ight instruction of	fany type		
Describe any item(s) c	thecked above:						
Describe any item(s) c	HECKEU UDOVE.						
How many employees	are pilots?						
Percentage of passeng	gers that are employees ver	sus guests					
Are any aircraft use at	t other than paved, public ai	irports?		Y	ES NO		
If yes, please	e describe usage:						
, , ,							
Will any aircraft be used outside of the continental U.S.?					ES NO		
If yes, descri	If yes, describe location, purpose, and frequency						
Does the Applicant br	oker charter flights for 3rd n				ES NO		
Does the Applicant broker charter flights for 3 rd parties?							
Do you confirm charter operator liability limits of no less than \$50,000,000 Combined Single Limit? YES NO					ES NO		
Do you secure Additional Insured Certificates from all charter operators utilized?				Y	ES NO		
Do you only utilize charter operators that participate in 3 rd party safety audit programs? YES NO							
CORPORATE AIRCRAF	т						
	aircraft utilized by applicant	t (utilize an additional p	age if necessary):				
MAKE	MODEL	# OF PASS. SEATS	OPERAT	OR UN	DERLYING LIMIT		
		 	1				

ENTER'	TAINMENT PROJECTS		Cor	mplete if applyir	ng for En	tertainment/Produc	ction Non Owned
		UTILIZATION				CURRENT YEAR	NEXT YEAR
Numbe	er of events planned (annua	l production liability)					
Number of hours an aircraft is rented, leased or chartered by or on behalf of the Applicant							
	er of hours an aircraft is own wn by the employee on cor		d by App	olicant's employ	ees		
Numbe	er of hours an aircraft is hire	ed to perform work on I	behalf o	f the Applicant			
	heck all aircraft below that Aircraft in excess of 40 tota			Seaplane		Balloon/Blimp	
				·		• •	
	Glider/Sailplane/Experimen	tal/Kit/Ultralight		Unmanned Ae	erial Veh	icles	
Descrik	pe any item(s) checked abov	e:					
	heck all operation activities Movie/TV/Film/Video Transportation of musicians		oplicant (engages in:		Helicopters with slu	ung loads
Describ	ne any item(s) checked abov	re:					
Percen	tage of passengers that are	employees versus gue	sts				
Are an	y aircraft use at other than	paved, public airports?				Y	ES NO
	If yes, please describe us	sage:					
Will an	y aircraft be used outside o	f the continental U.S.?				Y	ES NO
	If yes, describe location,	purpose, and frequenc	СУ				

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: Location of event (country, city, state/province) For this event, indicate all the uses of aircraft below: Socuting Aircraft to Aircraft Filming Slung/External Load If you indicated obove that Stunt is a usage, please indicate below the type of stunt activity: Parachuting Out of Aircraft Passenger Activity Describe any item(s) checked above: EVENT NUMBER: Title of Event Event Description Start date of the event: Number of days (including scouting/filming) Aircraft to Aircraft Filming If you indicated above that Stunt is a usage, please indicate below the type of stunt activity: Parachuting Aircraft and indicate all the uses of aircraft below: Scouting Aircraft to Aircraft Filming Aircraft plassenger Activity Parachuting Pyrotechnics Other Out of Aircraft Passenger Activity 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 Start date of the event: Number of days (including scouting/filming) Location of event (country, city, state/province) Aerial Filming Stunt Start date of the event: Number of days (including scouting/filming) Location of event (country, city, state/province) Aerial Filming Stunt Start date of the event: Number of days (including scouting/filming) Location of event (country, city, state/province) Aerial Filming Stunt Aerial Filming Pyrotechnics Other Out of Aircraft Passenger Activity Pyrotechnics Other Out of Aircraft Passenger Activity Zip/Fast Line	PRODUCTION EVENT INFORMATION	Complete if applying for Entertainment/Production Non Owned					
Start date of the event: Location of event (country, city, state/province)							
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Aircraft to Aircraft Filming	For this event, indicate all the uses of aircraft below:						
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Parachuting Pyrotechnics Other	Aircraft to Aircraft Filming	Slung/External Load					
	If you indicated above that Stunt is a usage, please ind	licate below the type of stunt activity:					
Out of Aircraft Passenger Activity Zip/Fast Line	Parachuting	Pyrotechnics Other					
	Out of Aircraft Passenger Activity	Zip/Fast Line					
Describe any item(s) checked above:	Describe any item(s) checked above:						

Please detail below, all aircraft utilized by applicant:

EVENT	MAKE	# OF PASSENGER SEATS	IS AIRCRAFT A UAV?
NUMBER	MODEL	OPERATOR	UNDERLYING LIMIT
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

FRACTIONA	L NON OWNED			C	omplete	e if applying for F	ractio	nal Non Owned					
UTILIZATION						RRENT YEAR		NEXT YEAR					
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	t is hired to perform v	vork on behalf of th	ie									
Applicant													
Number of	hours purchased	d under a fractional ag	greement										
								_					
	-	w that the Applicant u											
Aircr	aft in excess of 4	10 total seats	s	eaplane		Balloon/Bli	imp						
Glide	r/Sailplane/Exp	erimental/Kit/Ultralig	ht U	Inmanned A	erial Ve	hicles							
Describe an	y item(s) checke	ed above:											
Please check	all operation ac	tivities below for whic	h the Applicant en	agges in:									
		isicians or entertainer		, a g c o		Transportation	n of sn	orts teams					
Irans	sportation to off	-shore oil platforms/p	oipeline/power-line	patrol		Helicopters wi	ith slui	ng loads					
Herd	ing/predator co	ntrol/aerial applicatio	n/prescribed burni	ng		Flight instruct	ion of	any type					
Describe an	y item(s) checke	d above:											
Percentage	of passengers tl	nat are employees ve	rsus guests										
Are any airc	raft use at othe	r than paved, public a	irports?				YES	□NO					
7c ay ac	are use at stire	. and parea, passe a	60. 101										
If	yes, please desc	cribe usage:											
			11163				YES	NO					
Will any air	craft be used ou	tside of the continent	al U.S.?				IES	NO					
	1 11 1												
It	yes, describe lo	cation, purpose, and f	requency										
FRACTIONA	L AIRCRAFT												
Please detail	below, all aircra	ft utilized by applican		Г		Γ							
MAKE	MODEL	REGISTRATION NUMBER	OWNED PERCENTAGE	# OF PA		OPERATOR		UNDERLYING LIMIT					
		INUIVIDEN	FENCLINIAGE	SEAT	J			LIIVIII					
SINGLE CHARTER Complete if applying for Single Charter Non Owned													
Charter Customer Name													
Charter Customer Address													
Trip Start Date # of Passengers													
Charter Operators Name													
	erators Limit of I	 _iability											
		e issued to Charter Cu	stomer naming the	m as Additi	onal		YES	□ NO					
Insured?			5 · ·										

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** 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.

Print Name

Applicant Signature

Date