



Non-Owned Aircraft Liability Application

APPLICANT INFORMATION

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Business of Applicant: _____

Applicant Is: _____

Inception Date: _____ Current Insurance Carrier: _____

This application is for renewal of Policy Number: _____

DESIRED LIMITS

<u>Non-Owned Liability:</u>	_____
<u>Non-Owned Physical Damage:</u>	_____

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 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 AIRCRAFT

Does the applicant use non-owned aircraft which are operated by 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 use is estimated for non-pro flown, non-owned aircraft

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? _____

Please attach a current and signed Pilot History Form for all Employee Pilots.

AIRCRAFT

Will the aircraft be used for any of the following?

____ POWERLINE PATROL ____ PIPELINE PATROL ____ OFFSHORE
____ LOGGING ____ CRUISE SHIP ____ CASINOS
____ INSTRUCTION & RENTAL ____ FILMING ____ MEDIVAC
____ SPORTS TEAMS ____ AERIAL PHOTO ____ AGRICULTURE

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

____ BALLOONS ____ MILITARY AIRCRAFT ____ HOME BUILTS
____ HANG GLIDERS ____ ULTRALIGHTS ____ 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? _____

EXPOSURES

Does the applicant have any written procedures relating to use of aircraft?

If Yes, describe: _____

What are the applicant's minimum internal written requirements for liability limits from aircraft owners/operators? _____

Is the applicant an Additional Insured for any aircraft on the owners/operator's policy? _____

LOSS HISTORY

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

If Yes, describe: _____

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.

Applicant's Signature: _____ Date: _____

Title: _____

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.

Producer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

FRAUD NOTICES

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

Please Read Carefully

Arkansas Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	<p>All commercial insurance forms, except as provided for automobile 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, or 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.</p> <p>Automobile insurance forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>

Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who, with INTENT TO DEFRAUD or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement MAY BE guilty of insurance fraud."
Pennsylvania	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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
Rhode Island	Property Insurance, Real Or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.