## W. BROWN & ASSOCIATES INSURANCE SERVICES



Check which is desired: Que

Quotation Insurance

RETURN TO:			PRODUCER:				
W. BROWN & ASSOCIATES INSURANCE SERVICES			Company Nam	е			
Aviation Managers for Endurance Insurance Companies			Address				
19000 MacArthur Blvd., Suite 700			City	S	State	Zip	
Irvine, CA 92612			Telephone		Facsin	nile	
APPLICANT INFORMATION							
Applicant							
Address							
City			State		Zip		
E-Mail Address			Telephone				
Applicant Is (Check One)	Individual(s)	Corporation	Partnership	Other			
Requested Policy Term: From		То					
REQUESTED COVERAGE & LIN	IITS						
Non-Owned Liability							
Non-Owned Physical Damage							
Would Applicant like the Non-Own	ed Extended Cov	verage Endorseme	ent (Aircraft Liability	y) Buyback?	Y	es	No
PRO-FLOWN CHARTER							
Does the Applicant have non-own	ed aircraft expos	ures with professio	nal pilots?		Y	es	No
If "YES", then please answer th	ne following ques	tions:					
What is the maximum passe	enger seating on	the largest aircraft	chartered?				
What is the average passen	ger load?						
What are the lowest liability	limits carried on	these aircraft?					
How many hours of chartere	exposures		In the last 12 mon	ths			
		In the next 1	2 months (estimate	ed)			
Charter Company		Aircra	aft Type	Additic	onal Insured	Require	es Certificate

## NON-PRO EMPLOYEE-FLOWN CHARTER

Does the Applicant use non-owned aircraft which are operated by non-pro pilots or employee pilots?	Yes No	
If "YES", then Applicant must provide a current, signed Addendum (Pilot Experience) for each Employee Pilot Experience) may be found at http://www.wbais.com. The Applicant must also answer the following questions:		(Pilot
What is the maximum passenger seating on the largest aircraft chartered?		
What is the average passenger load?		
What are the lowest liability limits carried on these aircraft?		
How many hours of non-pro flown, non-owned aircraft use In the last 12 months		
In the next 12 months (estimated)		
How many pilots are employed by the Applicant?		
What type of aircraft do the employees use?		

## **AIRCRAFT USE & EXPOSURES**

Will the aircraf (Check all t	ft be used for any of the following? that apply)		Powerline Patrol Logging Instruction & Rental Sports Teams Pipeline Patrol Cruise Ship	Filming Aerial I Offshoi Casino Mediva Agricul	Photography re s ac
	licant have any non-owned exposures involving rpes of aircraft? that apply)	g any of the	Balloons Hang Gliders Military Aircraft	Ultralig Home- Blimps	Builts
• •	cant have any non-owned aircraft exposures ou /estern Europe? scribe	utside of the USA, Cana	ada,	Yes	No
	cant have any non-owned aircraft exposures in			Yes	No
Does the Applic If "YES", des	cant have any written procedures relating to us scribe	e of aircraft?		Yes	No
What are the A	pplicant minimum internal written requirement t	for liability limits from ai	rcraft owners/operators'	?	
Is the Applicant	t an Additional Insured for any aircraft on the ov	wner's/operator's policy	?	Yes	No
	t an Additional Insured for any aircraft on the ov	wner's/operator's policy	?	Yes	No
LOSS HISTOR List all claims o to report additio	-	se associated to Worker endum (Loss History) to	rs Compensation. Shou	ild more spa	ace be required e Addendum
LOSS HISTOR List all claims o to report additio	<b>Y &amp; PREVIOUS AVIATION INSURANCE</b> occurring during the last 5 years other than thosonal losses, the Applicant must attach the <i>Adde</i>	se associated to Worker endum (Loss History) to	rs Compensation. Shou	Ild more spa losses. Th mpany of av	ace be required e Addendum
LOSS HISTOR List all claims o to report additio (Loss History) r	<b>Y &amp; PREVIOUS AVIATION INSURANCE</b> occurring during the last 5 years other than thosonal losses, the Applicant must attach the <i>Adde</i> may be downloaded at http://www.wbais.com.	se associated to Worker endum (Loss History) to Attach loss runs provide	rs Compensation. Shou provide details for such ed by your insurance co	Ild more spa losses. Th mpany of av	ace be required e <i>Addendum</i> /ailable.
LOSS HISTOR List all claims o to report additio (Loss History) r Date of Loss	<b>Y &amp; PREVIOUS AVIATION INSURANCE</b> becurring during the last 5 years other than those onal losses, the Applicant must attach the <i>Adde</i> may be downloaded at http://www.wbais.com. <u>Description of Loss</u>	se associated to Worker endum (Loss History) to Attach loss runs provide	rs Compensation. Shou provide details for such ed by your insurance co	Ild more spa losses. Th mpany of av	ace be required e <i>Addendum</i> /ailable.
LOSS HISTOR List all claims o to report additio (Loss History) r Date of Loss Date of Loss Are loss amour If "YES", spe Are loss amour	AY & PREVIOUS AVIATION INSURANCE beccurring during the last 5 years other than those onal losses, the Applicant must attach the Adde may be downloaded at http://www.wbais.com. Description of Loss hts shown above reduced by a deductible? ecify amount hts shown above reduced by a self-insured rete	se associated to Worker endum (Loss History) to Attach loss runs provide <u>Claims Total Paid</u>	rs Compensation. Shou provide details for such ed by your insurance co	Ild more spa l losses. Th mpany of av <u>s E</u>	ace be required e <i>Addendum</i> vailable. <u>xpenses</u>
LOSS HISTOR List all claims of to report addition (Loss History) r Date of Loss Date of Loss Are loss amour If "YES", spe Are loss amour If "YES", spe	AY & PREVIOUS AVIATION INSURANCE poccurring during the last 5 years other than those onal losses, the Applicant must attach the Adde may be downloaded at http://www.wbais.com. Description of Loss hts shown above reduced by a deductible? ecify amount hts shown above reduced by a self-insured retere ecify amount r canceled, declined or refused to renew the Ag	se associated to Worker endum (Loss History) to Attach loss runs provide <u>Claims Total Paid</u> ention?	rs Compensation. Shou provide details for such ed by your insurance co	Ild more spa n losses. Th mpany of av <u>s E</u> Yes	ace be required e <i>Addendum</i> vailable. <u>xpenses</u> No

### **OTHER INFORMATION**

Please provide any other information relevant to this application.

The Applicant certifies that the statements in this Application are true and that no material information has been withheld or suppressed. The Applicant agrees that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the Insurer. The Applicant hereby authorizes this Company to investigate all or any qualifications or statements contained herein. The Applicant understands that this application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance.

**FRAUD WARNING:** 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 and subjects such person to criminal and civil penalties.

Applicant's Name (Please Print)

Applicant's Title

Applicant's Signature

Date

# **FRAUD NOTICE**

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 may be guilty of a crime and may be subject to fines and confinement in prison.

#### STATE-SPECIFIC PROVISIONS

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 claimant 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a Hawaii loss or benefit is a crime punishable by fines or imprisonment, or both. Kansas Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto is guilty of a crime and may be subject to fines and confinement in prison. 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. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly Louisiana presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the Main 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. **NewYork** 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. 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.		
	<b>Fire Insurance:</b> 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.		
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 knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:		
	<ul> <li>A. The misinformation is material to the content of the policy;</li> <li>B. We relied upon the misinformation; and</li> <li>C. The information was either: <ol> <li>Material to the risk assumed by us; or</li> <li>Provided fraudulently.</li> </ol> </li> </ul>		
	For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.		
	With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.		
	Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.		
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.		
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.		
Rhode Island	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.		
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.		
Washington	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.		
West Virginia	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.		