



Checklist for Coverage

Please fill in all blanks, check all applicable boxes, and sign and date at bottom.
 This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

Check all that apply below

Applicant's Name:			
Address:			
City:			
State:	Zip:		
Phone:	Home:	Work:	
Applicant's Business Is:			
Current Insurance Carrier:			
Current Coverage Expires:			

<input type="checkbox"/> Applicant is an Individual
<input type="checkbox"/> Applicant is a Corporation
<input type="checkbox"/> Applicant is a Partnership
<input type="checkbox"/> Applicant is Other (*explain below)
<input type="checkbox"/> Aircraft will be operated under FAR Part 135
<input type="checkbox"/> Aircraft will be managed by other party (not Applicant)
<input type="checkbox"/> No Accidents/Incidents or Claims in last 5-years
<input type="checkbox"/> Insurance has never been Canceled or Non-Renewed

*Applicant is Other (explain), _____

2. AIRCRAFT INFORMATION:

FAA "N" No:	Year	Make & Model	Seats Crew / Passengers	Insured Value	Liability Limit
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$
			/	\$	\$

- a. Aircraft are based at the following airport(s): _____
- b. Annual hours each aircraft is operated with a single pilot crew: _____
- c. Average number of passengers per flight: _____
- d. Non-Owned aircraft types utilized by the Applicant: _____
- e. Non-Owned aircraft annual number of flights: _____
- f. From whom are Non-Owned aircraft rented, borrowed, chartered: _____
- g. Purpose for use of Non-Owned aircraft: _____

3. AIRCRAFT USE INFORMATION:

FAA "N" No:	<input type="checkbox"/> Pleasure & Business	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:	<input type="checkbox"/> Pleasure & Business	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:	<input type="checkbox"/> Pleasure & Business	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:	<input type="checkbox"/> Pleasure & Business	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
FAA "N" No:	<input type="checkbox"/> Pleasure & Business	<input type="checkbox"/> Industrial Aid	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	

Use Key:
 P & B: Pleasure & Business use of the aircraft operated by non occupational pilots, and excluding any charge.
 Industrial Aid: Corporate use of the aircraft by professional pilots, and excluding any charge.
 Charter / Air Taxi: Passenger or Freight carrying operations for which a charge is made.



Checklist for Crew Development

4. NAMED PILOTS (attach completed pilot history form for each pilot):

Pilot Name	Age	Class Med

Pilot Name	Age	Class Med

Pilots are: Employees of the Applicant Contract Pilots Other: _____

Pilot(s) complete: Annual Factory sim-based training in insured make & model aircraft. (please detail fully on pilot record form)

5. ADDITIONAL INFORMATION:

- a. Name of Charter or Management company (if applicable) _____
- b. Charter Certificate No.: _____, Years in Business: _____, Base of Operations: _____
- c. Aircraft Maintenance provided by: _____
- d. Will insured aircraft be used on other than paved runways? Yes No
- e. Will insured aircraft be used outside the continental United States? Yes No
- f. Does Applicant own or exclusively lease any other aircraft? Yes No
- g. Will anyone other than named pilots operate the insured aircraft? Yes No
- h. Does Applicant employ their own maintenance personnel? Yes No
- i. Does Applicant have any Non-Owned Aircraft exposure? Yes No
- j. Has Applicant ever had insurance denied or cancelled? Yes No
- k. Has Applicant or Named Pilot ever had any incidents, accidents, or violations? Yes No
- l. Has Applicant or Named Pilot ever had any felony convictions or license suspensions? Yes No
- m. Will insured aircraft be used for anything other than transporting passengers? Yes No

Explain all YES answers (attach separate sheet, if necessary) : _____

6. 5-YEAR LOSS HISTORY (attach loss runs if available): _____

With my signature below, I WARRANT the truth of the above statements and I further WARRANT that no material information has been withheld or suppressed.

Applicant's Signature: _____ **Date:** _____