

APPLICATION FOR AIRCRAFT HULL & LIABILITY INSURANCE NON-TURBINE AIRCRAFT

CHECK WHICH IS DESIRED: <input type="checkbox"/> A QUOTATION <input type="checkbox"/> NEW INSURANCE POLICY <input type="checkbox"/> RENEWAL POLICY
NAME OF APPLICANT (Including D/B/A's And Holding Companies):
ADDRESS:
BUSINESS OR OCCUPATION OF APPLICANT:
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER
INSURANCE IS REQUESTED FROM 12:01 A.M. to 12:01 A.M.

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$ Each Passenger	\$
<input type="checkbox"/> OTHER LIABILITY:	\$	\$
<input type="checkbox"/> MEDICAL EXPENSE Crew: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$ Each Passenger	

Aircraft: If Airworthiness Certificate is other than Standard, please explain
If engine is being operated beyond TBO, please explain

Year, Make and Model	FAA Registration Number	Seating Capacity		Land (L) Sea (S) Amph (A)	PURCHASED		Current Market Value (Incl. Extras)	No. of Hours Aircraft Flown In Last 12 Months	Est. No. of Hours Next 12 Months
		Crew	Other		New or Used	Date			
1.							\$		
2.							\$		
3.							\$		
4.							\$		

Aircraft usually based at: (Name of Home Airport. If Private Airport, give detailed location)

Hangared Tied Down

Aircraft Equipped with the following:	Aircraft 1	Aircraft 2	Aircraft 3	Aircraft 4
	TCAS <input type="checkbox"/> TAWS <input type="checkbox"/>	TCAS <input type="checkbox"/> TAWS <input type="checkbox"/>	TCAS <input type="checkbox"/> TAWS <input type="checkbox"/>	TCAS <input type="checkbox"/> TAWS <input type="checkbox"/>
	RVSM <input type="checkbox"/>	RVSM <input type="checkbox"/>	RVSM <input type="checkbox"/>	RVSM <input type="checkbox"/>

Physical Damage Coverage	AMOUNT OF INSURANCE DESIRED (attach explanation if other than current market value)	DEDUCTIBLES	
		IN MOTION	NOT IN MOTION
AIRCRAFT 1 <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	\$	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount

Physical Damage Coverage	AMOUNT OF INSURANCE DESIRED (attach explanation if other than current market value)	DEDUCTIBLES	
		IN MOTION	NOT IN MOTION
AIRCRAFT 2 <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	\$	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount
AIRCRAFT 3 <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	\$	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount
AIRCRAFT 4 <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	\$	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount	<input type="checkbox"/> NIL <input type="checkbox"/> OTHER Please indicate amount

PURPOSE OF USE (Check all applicable uses)

- Pleasure or Business (not flown by professional pilots employed for this purpose) Instruction of: _____ (Name of Student)
 Corporate Executive (flown by professional pilots employed for this purpose) Flying Club Low Altitude Photography
 Patrol Flights Banner Towing Crop Dusting Air Ambulance Air Hearse
 Other Uses not indicated above (explain)
 Use for which a charge is made (explain below)

Aircraft Operations

Is the policyholder the only operator of insured aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do aircraft carry passengers for hire or engage in other operations for which a charge is made? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe usage below and estimate number of revenue flight hours in next 12 months:	Estimated Revenue Flight Hours
<input type="checkbox"/> FAR PART 91.501	
<input type="checkbox"/> FAR PART 135 under policy holder's certificate	
<input type="checkbox"/> FAR PART 135 under another's certificate Name of certificate holder	
<input type="checkbox"/> Other (describe)	
Are any aircraft operated with a single pilot crew? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please answer the following and explain where necessary	
Part 135 (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mountainous terrain airports <input type="checkbox"/> Yes <input type="checkbox"/> No	
High Density Traffic Areas <input type="checkbox"/> Yes <input type="checkbox"/> No	
Night <input type="checkbox"/> Yes <input type="checkbox"/> No	
International <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your Maximum permissible crew duty day hours	
Describe Weather minimums for Single Pilot IFR	
Have weather minima for SP operations been established? <input type="checkbox"/> Yes <input type="checkbox"/> No Ceiling Visibility	

Are there procedures in place to use Second-In-Command Pilots? <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated # of hours for SP operations annually
Average number of passengers carried
Percentage breakdown of passengers <input type="checkbox"/> employees <input type="checkbox"/> guests
Areas of aircraft operation: <input type="checkbox"/> U.S.A. <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other countries (list)
Address of the Flight Department
Year Flight Department was established?
Is there a Flight Department Operations Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are flights made to U.S. Military Installations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a full time safety management program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a full time centralized dispatch? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is aircraft operator a member of NBAA, CBAA, HAI?
Has the policyholder signed any agreements or contracts assuming liability of others with respect to aircraft operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach copies.

Non-Owned Aircraft

Do any employees (including pilots employed by your flight department) pilot aircraft not owned by the policyholder on the policyholder's business? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe usage or attach Non-Owned Aircraft Application
Do you charter aircraft for company business? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: What type of aircraft do you charter? Please list the names of the operators you charter from Who is responsible for approving charters (ie, Risk Management, Director of Flight Ops, etc.)?
What is the hourly utilization?
Do you request a certificate of insurance from the operator? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the minimum limit of liability you will accept from the operator?
Do you anticipate use of temporary substitute aircraft during servicing or maintenance of insured aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe purpose, types of aircraft used, and anticipated annual utilization.

PILOTS: Complete This Section (Including Items 1-5 Below) For Every Pilot Who Will Operate An Aircraft During The Policy Term Unless A Pilot Questionnaire Is Completed By The Pilot.

NAME OF PILOT	Date of Birth	Pilot Certification and Ratings								Medical Certificate		Hours Logged as Pilot in Command						
		Stud.	Pvt.	Com'l.	ASEL	AMEL	Instrumt.	ATP	Other	Date of Last Physical	Class	All Aircraft				In Aircraft Model To Be Insured		
												Total	Last 90 Days	Last 12 Mos.	Retract Gear	Multi-Engine	Total	Last 90 Days
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

	Pilot No. 1	Pilot No. 2	Pilot No. 3	Pilot No. 4
FAA Certificate No.				
Date of Last Biennial Flight Review:				
Name and address of pilot's employer if other than applicant:				
Date of last Simulator Training or details of other proficiency training.				

TRAINING

Type of Aircraft	Training Program Utilized:	Frequency & Date of Last	Name of Facility
	<input type="checkbox"/> Simulator-based flight and ground school <input type="checkbox"/> Contracted outside service <input type="checkbox"/> In-house ground and flight using fleet aircraft	<input type="checkbox"/> Initial <input type="checkbox"/> 6 Mo. <input type="checkbox"/> 12 Mo. Recurrent <input type="checkbox"/> Other	
	<input type="checkbox"/> Simulator-based flight and ground school <input type="checkbox"/> Contracted outside service <input type="checkbox"/> In-house ground and flight using fleet aircraft	<input type="checkbox"/> Initial <input type="checkbox"/> 6 Mo. <input type="checkbox"/> 12 Mo. Recurrent <input type="checkbox"/> Other	
	<input type="checkbox"/> Simulator-based flight and ground school <input type="checkbox"/> Contracted outside service <input type="checkbox"/> In-house ground and flight using fleet aircraft	<input type="checkbox"/> Initial <input type="checkbox"/> 6 Mo. <input type="checkbox"/> 12 Mo. Recurrent <input type="checkbox"/> Other	
	<input type="checkbox"/> Simulator-based flight and ground school <input type="checkbox"/> Contracted outside service <input type="checkbox"/> In-house ground and flight using fleet aircraft	<input type="checkbox"/> Initial <input type="checkbox"/> 6 Mo. <input type="checkbox"/> 12 Mo. Recurrent <input type="checkbox"/> Other	

EXPLAIN CIRCUMSTANCES IF:

1. Any pilots named above have any; (a) physical impairments,
 (b) waivers, limitations, conditions on their medical certificates or on their airman certificates

2. An FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked

3. Any pilot above has ever been cited for violation of any aviation regulations in any country

4. Any pilot named above has ever been involved in any aircraft accident

5. Any pilot named above has ever been convicted of or plead guilty to a felony or driving while intoxicated

Applicant is: Sole owner Owner subject to mortgage or conditional sales contract. Lessee Other – explain

If aircraft is encumbered, name and address of lienholder or lessor

Amount of encumbrance (excluding interest and finance charges) \$ Will breach of Warranty Coverage be required by lienholder?
 Yes No

Name of last aviation insurance carrier (if none so state)

To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any aircraft owned by or in the custody of the Applicant except:

Claims History

Date of Occurrence	Amount Paid	Description of Loss
	\$	
	\$	

If additional space is required, please attach a copy of the loss runs.

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? Yes No If so, explain circumstances:

Name of Agent or Broker:

Address: 2079 S. Atlantic Blvd., Ste. I, Monterey Park, CA 91754 * PO Box 227030 . Los Angeles CA 90022-0730

Broker Agent

DCI Insurance & Risk Services Bus: 888.457.4426 * Fax: 323.576.4552 * Email: contact@dci-insurance.com

Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

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

COLORADO FRAUD WARNING: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD WARNING: 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 FRAUD WARNING: 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.

KENTUCKY 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.

MAINE FRAUD WARNING: 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 a denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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 FRAUD WARNING: 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 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 violation.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that such person 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 FRAUD WARNING: 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 FRAUD WARNING: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

PENNSYLVANIA FRAUD WARNING: 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.

TENNESSEE AND VIRGINIA FRAUD WARNING: 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.

All particulars herein are declared to be 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 insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Applicant's Signature(s) _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.