

APPLICATION FOR AIRCRAFT HULL AND LIABILITY INSURANCE 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	

Physical Damage Coverage	Deductible <input type="checkbox"/> Nil <input type="checkbox"/> Other			Aircraft based at (Airport)	Hangared	Tied	Estimated annual flight hours	Is War Risk Coverage required?		
	Aircraft Year, Make and Model	Aircraft Registration	Seating Capacity						Aircraft Insured Value Requested	
			Crew							Other
1.				\$	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.				\$	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.				\$	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.				\$	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Attach separate sheet for additional aircraft if necessary

Aircraft No.	Applicant is:			If aircraft is encumbered, name and address of lienholder.	Amount of encumbrance (excluding interest and finance charges)	Will Breach of Warranty Coverage be required by lienholder?
	Sole Owner	Owner subject to lien	Lessee			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are engines, spare engines, or other aircraft equipment subject to separate lien or mortgage? Yes No If "Yes," describe

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"/>

PURPOSE OF USE (Check all applicable uses)

<input type="checkbox"/> Pleasure or <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose) <input type="checkbox"/> Instruction of: _____ (Name of Student)
<input type="checkbox"/> Corporate Executive (flown by professional pilots employed for this purpose) <input type="checkbox"/> Flying Club <input type="checkbox"/> Low Altitude Photography
<input type="checkbox"/> Patrol Flights <input type="checkbox"/> Banner Towing <input type="checkbox"/> Crop Dusting <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Air Hearse
<input type="checkbox"/> Other Uses not indicated above (explain)
<input type="checkbox"/> 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 employees 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?	

MAINTENANCE

Do you perform your own:	Maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," name of Maintenance Supervisor
	Interval inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hot sections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years in this position
Outside maintenance performed by:		
Any signed contracts for outside maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please provide copies.		
Have Applicant's maintenance personnel completed manufacturer's maintenance schools for aircraft type insured? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe		
Do Applicant's maintenance personnel receive any recurrent training? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe		
Are aircraft operated under any special maintenance program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe		
Description of special or extra equipment installed on aircraft and spares inventory:		
Aircraft special equipment	Value \$	
Spare parts inventory	Value \$	
Spare engines	Value \$	
Do maintenance personnel service, maintain or repair aircraft belonging to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe		

Workers Compensation insurance now in effect:	
Carrier:	Expiration Date:
Limits:	

Insurance & Claims History

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
<input checked="" type="checkbox"/> Broker <input type="checkbox"/> Agent
DCI Insurance & Risk Services Bus: 888.457.4426 * Fax: 323.576.4552 * contact@dc-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.