

APPLICATION FOR HELICOPTER HULL AND LIABILITY INSURANCE

Check which is desired: A QUOTATION INSURANCE POLICY RENEWAL POLICY

Name of Applicant (Include D/B/A's and Holding Companies):

Address:

Business or occupation of applicant:

Applicant is: Corporation Individual(s) Partnership Other (Describe)

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 Expenses Crew - <input type="checkbox"/> included, <input type="checkbox"/> excluded	\$ Each Person	

Physical Damage Coverage

Amount of Hull Insurance

Aircraft 1: \$

Aircraft 2: \$

Deductibles \$ %

Rotors not in motion:

Rotors in motion:

Aircraft	FAA Reg. No.	Seating Capacity		Purchased		Price Paid by Applicant (incl.extras)	Present Estimated Value (incl.extras)	Engine Hours Since New, or Since Last Major Overhaul	Number of Hours Flown in the Last 12 Months	Estimate Flight Hours Next 12 Months
		Crew	Pass	New or Used	Date					
1. Year, Make and Model						\$	\$			
2.						\$	\$			

Description of special or extra equipment installed on aircraft and spares inventory

Aircraft 1.	Value: \$
Aircraft 2.	Value: \$
Spare Parts Inventory:	Value: \$

Applicant is: Sole owner Owner subject to mortgage or conditional sales contract Lessee Other (Explain)

If aircraft in 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

Aircraft Use: check use(s) to which policy is to apply			
<input type="checkbox"/> Pleasure (non-professional pilots)	<input type="checkbox"/> Instruction – Pilot upgrade	<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> External Load – Slung Cargo
<input type="checkbox"/> Business (non-professional pilots)	<input type="checkbox"/> Charter: <input type="checkbox"/> Pass <input type="checkbox"/> Cargo	<input type="checkbox"/> Patrol Flights (describe below)	<input type="checkbox"/> Pole/Inflight Pick Up & Delivery
<input type="checkbox"/> Corporate – Executive (flown by professional pilots hired for this purpose)	<input type="checkbox"/> Air Ambulance, Medvac	<input type="checkbox"/> Slash Burning	<input type="checkbox"/> Logging
<input type="checkbox"/> Instruction - Initial	<input type="checkbox"/> Police Operations	<input type="checkbox"/> Fire Control, Water Bucket, Fire Support	<input type="checkbox"/> Heliskiing
<input type="checkbox"/> Instruction – Check-out	<input type="checkbox"/> Traffic Watch or News	<input type="checkbox"/> Crop Dusting, Spraying, Seeding	
<input type="checkbox"/> Other uses not listed:			

If used under FAR 135, who owns the FAR 135 operating certificate that you operate under?	
Who maintains operational control of the aircraft being operated under FAR 135?	
Is Airworthiness Certificate other than standard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Is engine being operated beyond TBO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Aircraft usually based at:	Hangared? <input type="checkbox"/> Yes <input type="checkbox"/> No
If private heliport, describe facilities and security:	
Are landing sites not approved by FAA used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? Identify sites:	
Are building top landing pads used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? Identify sites:	
Areas of Operation:	FAR licenses held:
Are floats installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of time: % Value: \$	
Are flights at night contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how frequently? Are landing sites lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who performs maintenance?	

Pilots: COMPLETE THIS SECTION (INCLUDING ITEMS 1-9. 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	Helicopter Certificate and Ratings				Medical Certificate		Pilot in Command Hours - Logged					Estimated helicopter flight hours next 12 months
		Private	Commercial	IFR	ATP	Type Ratings (List)	Date of Last Physical	Class	Helicopter				
								Total All Aircraft	Total Recip.	Total Turbine	In Model to be Insured	Total Last 12 Months	
1.		<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"/>								
3.		<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"/>								

	PILOT	1		2		3		4	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Has the pilot successfully completed the manufacturer's approved pilots ground and flight training school for any helicopter?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Yes or No) Specify make and model: _____ Date: _____									
2. Does the pilot participate in a formal recurrent training program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was pilot's original rotorcraft rating obtained through the military?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the pilot have any physical impairments?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the pilot have any waivers, restrictions, limitations or conditions attached to your medical certificate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any pilot's FAA, Transport Canada, military or other pilot certificate ever been suspended or revoked?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any pilot ever been cited for any violation of any aviation regulation in any country?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any pilot ever been involved in any aircraft accident?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain all "yes" answers to these questions:									

Member of NBAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Type: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Associate
Member of HAI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Type: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Associate

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 arisen out of the operation of, any aircraft owned by or in the custody of the applicant except:
Has any insurance company or underwriter at any time declined an application submitted by or cancelled or refused to renew a policy held by the applicant or any of the pilots named herein regard to any type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:

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

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 * Email: 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 COMPANY AGREES TO EFFECT THIS INSURANCE.