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AIRCRAFT HULL AND LIABILITY APPLICATION

APPLICANT:

Name of Applicant:

Address:

You are Individual Corporation Partnership Governmental Body Other, explain

Is this a Holding Company Yes No If Yes explain

Your business is

PRESENT CARRIER:

Your present aircraft insurance company is:

Policy Expires:

Has any insurer cancelled, declined or refused to write any aviation insurance for you or one of your pilots? No Yes

If yes, explain

OWNERSHIP OF AIRCRAFT:

Does any person or organization (apart from Applicant shown above) have a financial interest in the insured aircraft? No Yes

Explain

Names and addresses of: Co-owner(s) Mortgagee(s) Lessor(s)

Amount of any lien or loan, excluding interest and/or finance charges \$

Does your lienholder require lienholder's interest insurance (Breach of Warranty)? No Yes

AIRCRAFT INFORMATION:

Table with columns: FAA No., Year, Make & Model, Seats Crew, Seats Pass., Amount of Insurance, Purchase Date, Price Paid. Rows 1, 2, 3.

Is aircraft equipped with any modifications not provided by manufacturer? Yes No

Explain "Yes" answer

Aircraft is a landplane? Yes No (describe)

Aircraft is usually based at

It is usually hangared? Yes No

PURPOSE OF USE:

Pleasure and business Industrial Aid Commercial Rental

Student or Pilot Instruction Charter/Air Taxi Flying Club

Special Uses. Defined as

Will any charge (other than operating expenses) be made for the use of the aircraft? No Yes

Will the aircraft be used for anything other than transporting? No Yes

If yes, explain

**UTILIZATION:**

Use	Annual Hours	Use	Annual Hours
Industrial Aid		Search & Rescue	
Pleasure & Business			
Passenger Carrying for Hire		Emergency Medical Services	
Slung Cargo			
Occasional Slung Cargo		Fire Fighting/Powerline Stringing/Agricultural/Cattle Herding	
Seismological Onshore			
Offshore		Dual Instruction Only	
Powerline/Pipeline Patrol/Traffic Watch			
Fire Support		Instruction Including Limited Rental	
Banner Towing			
Erection / Construction		Instruction Excluding Limited Rental	
Law Enforcement			
		Cinematography	
		Air Ambulance	
		Aerial Photography	
		Other (Explain):	

**COVERAGE AND LIMITS:**

LIABILITY COVERAGES	LIMITS		PREMIUMS
	Each Person	Each Occurrence	
A Bodily Injury, excluding passengers	\$	\$	\$
B Passenger Bodily Injury	\$	\$	\$
C Property Damage	XXXX	\$	\$
D Single Limit of Bodily Injury & Property Damage, including / excluding* Passengers	\$	Each Occurrence	\$
E Medical Payments, including / excluding* crew	\$	\$	\$
Voluntary Settlement, including / excluding *crew	\$	\$	\$
<b>PHYSICAL DAMAGE COVERAGE</b>	<b>Amount of Insurance</b>	<b>Deductibles</b>	
F In Motion and Not in Motion / Rotors In Motion	\$	\$	\$
G Not in Motion Only / Rotors Not In Motion Only	\$	\$	
<u>Other Coverages:</u>			
<u>Additional Insured:</u> Please show names and addresses of any Additional Insured that you require and explain the reason why you wish to name these entities as Additional Insureds.			
<b>TOTAL ANNUAL PREMIUM</b>			\$

\*Delete as appropriate.

**PILOT INFORMATION:**

Data required on all pilots who will operate the aircraft. If more than one pilot, copy and attach separate sheet(s).

Name \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Year learned to fly \_\_\_\_\_  
 Date of last BFR \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Medical \_\_\_\_/\_\_\_\_/\_\_\_\_  
**FAA Pilot Certificates held**  Stu.  Pvt.  Comm.  ATP  CFI  
 \_\_\_\_\_  
 Certificate No. \_\_\_\_\_ Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Ratings:**  ASEL  AMEL  ASES  Instrument  Rotorcraft  
 \_\_\_\_\_

**Pilot-In-Command Hours**

All Aircraft			This Make & Model		Piston Rotorcraft		
Total	Last 12 Mo.	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days	
Turbine Rotorcraft		Fixed Wing S/E Retractable Gear		Fixed Wing S/E Fixed Gear		Fixed Wing Multi-Engine	
Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days
Fixed-Wing Turbo Props		Fixed-Wing Jets					
Total	Last 90 Days	Total	Last 90 Days				

**Refresher/Transition Courses/Ground Flight Schools:** Describe and give dates of last courses attended

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Accidents or Violations:** Describe and give dates

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pilot Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YES**    **NO**

1. Do any pilots have any physical impairments, waivers, limitations or conditions attached to their medical certificates? \_\_\_\_\_
2. Has a FAA or military pilot certificate held by any pilot named above ever been suspended or revoked? \_\_\_\_\_
3. Has any pilot named above ever been cited for any violation of a Federal Aviation Regulation? \_\_\_\_\_
4. Has any pilot named above ever been involved in any aircraft incident or accident? \_\_\_\_\_
5. Has any pilot named above ever been indicted, convicted or pleaded guilty to:  
(a) the use of drugs or narcotics, or reckless, intoxicated or drunk driving? \_\_\_\_\_  
(b) a felony? \_\_\_\_\_
6. Is there any unrepaired damage to the insured aircraft? \_\_\_\_\_
7. Will the insured aircraft be operated at other than paved public airports? \_\_\_\_\_
8. Will the insured aircraft be flown to Alaska or to countries outside the United States of America, Canada or Mexico? \_\_\_\_\_
9. Has applicant had any aircraft/aviation losses, claims, or incidents in the last 5 years? \_\_\_\_\_
10. A) Who will perform your Airframe maintenance? \_\_\_\_\_  
B) What insurance does the party in 10A) carry for:  
(1) Premises Liability BI/PD \$ \_\_\_\_\_ Each occurrence  
(2) Hangarkeeper's Liability PD \$ \_\_\_\_\_ Each aircraft  
\$ \_\_\_\_\_ Each occurrence  
(3) Does the Hangarkeepers coverage include In Motion/  
Rotors in Motion?  Yes  No  
If yes, is the In Motion/Rotors in Motion Coverage  
for all purposes or just for other than "flight"?  All  Only Other than Flight  
(4) Products-completed Operations BI/PD \$ \_\_\_\_\_ Aggregate  
C) Have you entered into any contractual agreement with the party identified in 10A) whereby you have agreed to waive your rights of subrogation, or hold harmless or indemnify the party?  No  Yes
11. A) Who will perform your Engine maintenance? \_\_\_\_\_  
B) What insurance does the party in 11A) carry for:  
(1) Premises Liability BI/PD \$ \_\_\_\_\_ Each occurrence  
(2) Hangarkeeper's Liability PD \$ \_\_\_\_\_ Each aircraft  
\$ \_\_\_\_\_ Each occurrence  
(3) Does the Hangarkeepers coverage include In Motion/  
Rotors in Motion?  Yes  No  
If yes, is the In Motion/Rotors in Motion Coverage  
for all purposes or just for other than "flight"?  All  Only Other than Flight  
(4) Products-completed Operations BI/PD \$ \_\_\_\_\_ Aggregate  
C) Have you entered into any contractual agreement with the party identified in 11A) whereby you have agreed to waive your rights of subrogation, or hold harmless or indemnify the party?  No  Yes  
If yes, attach a copy of the agreement.

If yes to any of questions 1-9, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I confirm that all the information given in this application is true and complete to the best of my knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the Insurer shall be the basis of any contract between me and the Insurer. I hereby authorize the Company to investigate all or any qualifications or statements contained herein including the release of FAA medical or certificate information.

The State of New York and other states require us to advise to you that:

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.

Notice: No Insurance is provided to the applicant unless and until Westchester Fire Insurance Company has notified the applicant's agent or broker that Insurance has been arranged.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent: \_\_\_\_\_