ACE USA - AIRPORT & SPECIAL RISKS
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601 S. FIGUEROA STREET, 15th Floor
LOS ANGELES, CA 90017
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AIRCRAFT HULL AND LIABILITY INSURANCE 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, nonrenewed or refused to write any aviation insurance for you or one of your pilots?

□ No □ Yes

If yes, explain _____

AIRCRAFT INFORMATION: (Copy pages and attach for more than 6 aircraft)

	Aircraft 1	Aircraft 2	Aircraft 3	Aircraft 4	Aircraft 5	Aircraft 6
Make & Model						
Year						
Registration						
Crew Seats						
Passenger Seats						
Purchase Date						
Price Paid						
Amount of Insurance required						
(R) Rotorwing (L) Landplane (S) Seaplane						
(RC) Reciprocating (TP) Turbo Prop (J) Turbo Jet						
How Many Engines?						
Annual Flight Hrs.						
Average Passenger Load Factor						
% of time NON Employees are on board						
(H) Hangared or (T) Tied out						

	Aircraft 1	Aircraft 2	Aircraft 3	Aircraft 4	Aircraft 5	Aircraft 6
Location of Aircraft – Airport – Zip Code						
Is aircraft equipped with modifications not provided by manufacturer?						
Does the aircraft have a Rescue Hoist?						
Provide details if Yes to the above questions.						

OWNERSHIP OF AIRCRAFT:

Does any person or organization (apart from Applicant above) have a financial interest in any of the aircraft proposed for insurance?

☐ No ☐ Yes

Explain _____

_____

	Aircraft 1	Aircraft 2	Aircraft 3	Aircraft 4	Aircraft 5	Aircraft 6
Co-Owner(s) Mortgagee(s) Lessor(s)						
Address of the above Lienholder						
Amount of Lien, excl. interest and/or finance charges						
Does lienholder require lienholder's interest insurance (Breach of Warranty)?						

PURPOSE OF USE (check all that apply):

☐ Pleasure and business ☐ Industrial Aid ☐ Commercial ☐ Rental

☐ Student or Pilot Instruction ☐ Charter/Air Taxi ☐ Flying Club

☐ Special Uses. Defined as _____

If more one use is shown above, the primary use of the aircraft is/are:_____

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

If yes, explain_____

_____

_____

_____

UTILIZATION:

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

COVERAGE AND LIMITS:

LIABILITY COVERAGES		**LIMITS** Each Person	Each Occurrence	**PREMIUMS**
A Bodily Injury, excluding passengers		$	$	$
B Passenger Bodily Injury		$	$	$
C Property Damage		XXXX	$	$
D Single Limit of Bodily Injury & Property Damage:	Including Passengers	$	Each Occurrence	$
	Excluding Passengers	$	Each Occurrence	$
E Medical Payments:	including Crew	$	$	$
	excluding Crew	$	$	$
Voluntary Settlement:	Including Crew	$	$	$
	Excluding Crew	$	$	$
PHYSICAL DAMAGE COVERAGE		**Amount of Insurance**	**Deductibles**	
F In Motion and Not in Motion / Rotors In Motion		$	$	$
G Not in Motion Only / Rotors Not In Motion Only		$	$	

Other Coverages:

Additional Insured: Please show names and addresses of any Additional Insured(s) that you require and explain the reason why you wish to name these entities as Additional Insured(s).

TOTAL ANNUAL PREMIUM	$

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 Retrac. 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

Are you enrolled for annual Ground and Flight School training, and if so where?
_____
_____

What was the date of your last annual Ground and Flight School training? Attach a copy of your certificate. _____

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.	If this is a fixed wing aircraft, 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 contiguous 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
If yes, attach a copy of the agreement.

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.

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS ANDOUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE ORSTATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANYFACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDINGTHE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY ORANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FORTHE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BEA CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OFDEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Producer's Signature:	Producer's Name (Please print)	State Producer License No. (Required in Florida)
Applicant's Signature:		Date: