

RENEWAL QUESTIONNAIRE TURBO-JET AND TURBO-PROP AIRCRAFT



Check which is desired: <input type="checkbox"/> Renewal Quotation <input type="checkbox"/> Renewal Policy
NAME OF POLICYHOLDER/AIRCRAFT OWNER:
Are any changes or alternate quotations requested for LIABILITY COVERAGES ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe

Physical Damage Coverage

Aircraft Year, Make and Model	Aircraft Registration	Aircraft Insured Value Requested	Aircraft Based at (Airport)	Hgrd.	Tied	Flight hours last 12 months	Estimated flight hours next 12 months
1.		\$		<input type="checkbox"/>	<input type="checkbox"/>		
2.		\$		<input type="checkbox"/>	<input type="checkbox"/>		
3.		\$		<input type="checkbox"/>	<input type="checkbox"/>		
4.		\$		<input type="checkbox"/>	<input type="checkbox"/>		
5.		\$		<input type="checkbox"/>	<input type="checkbox"/>		

Any changes in lien or lienholder? ☐ Yes ☐ No If "Yes," describe

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

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)
Have any of the Aircraft been upgraded for TCAS, RVSM, TAWS. If so provide details
Are flights made to U.S. Military Installations? <input type="checkbox"/> Yes <input type="checkbox"/> No
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.

Premises

Locations of all premises used by the policyholder in connection with flight operations:
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Pilots: Complete information below for all employed and contract pilots who will operate insured aircraft. Complete a PILOT QUESTIONNAIRE if it has not been previously submitted for any pilot.

Name of pilot		Make & Models of Aircraft flown 1) 2)				
Aircraft	Total Logged hours as PIC	Total ME	Total Turbine ME	Number of Logged Flying Hours in last 90 days	Number of Logged Flying hours in last 12 Months	Estimated number of flying hours in next 12 months
1						
2						

Training in Last 12 Months	Make & Model of Aircraft	Training program utilized	Frequency	Name of Training Facility
		<input type="checkbox"/> Simulator-based flight and ground school <input type="checkbox"/> Contracted outside service <input type="checkbox"/> In-house training using insured aircraft	<input type="checkbox"/> Initial <input type="checkbox"/> 6 Mo. <input type="checkbox"/> 12 Mo. Recurrent <input type="checkbox"/> In-house training using insured aircraft <input type="checkbox"/> Other	

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Attach separate sheet for additional pilots if necessary.

Is there any other pertinent information or any other changes in exposure which materially affect this risk? ☐ Yes ☐ No If "Yes," describe:

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. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Signature and title of Policyholder or representative _____
(Title) _____

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.