

## RENEWAL QUESTIONNAIRE/HELICOPTERS



<b>NAME OF POLICYHOLDER/AIRCRAFT OWNER:</b>				
Aircraft usually based at <input type="checkbox"/> Hangared <input type="checkbox"/> Tied-down				
Make & Model helicopter insured:				
Registration:	N	N	N	N
Insured Value of aircraft requested at renewal	\$	\$	\$	\$
Amount of encumbrance excluding interest and finance charges (if applicable)	\$	\$	\$	\$
Name and address of lienholder(s) (Specify by registration numbers): Will Breach of Warranty Coverage be required by lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**AIRCRAFT USE: CHECK USE(S) TO WHICH POLICY IS TO APPLY:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Pleasure (Non-Professional Pilots)   | <input type="checkbox"/> Instructions-Pilot Upgrade   | <input type="checkbox"/> Search and Rescue                        | <input type="checkbox"/> Heliskiing                         |
| <input type="checkbox"/> Business (Non-Professional Pilots)   | <input type="checkbox"/> Charter <input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Airline | <input type="checkbox"/> Patrol Flights (describe below)          | <input type="checkbox"/> Crop Dusting Spraying Seeding      |
| <input type="checkbox"/> Corporate-Executive (Flown by<br>Professional Pilots Hired for this purpose) | <input type="checkbox"/> Air Ambulance  | <input type="checkbox"/> Medivac                                  | <input type="checkbox"/> External Load-Slung Cargo          |
| <input type="checkbox"/> Instruction-Check Out  | <input type="checkbox"/> Police Operations  | <input type="checkbox"/> Water-Bucket, Fire Control, Fire Support | <input type="checkbox"/> Pole/Inflight Pick Up and Delivery |
| <input type="checkbox"/> Other Uses Not Listed  | <input type="checkbox"/> Traffic Control  | <input type="checkbox"/> Slash Burning                            | <input type="checkbox"/> Logging                            |

Areas of Operation

Are non-FAA approved landing sites used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?	Describe Sites
Are building top landing pads used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?	Give location and description
Are overwater flights contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, and how often?	
Are floats installed? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage of Time? % Value? \$	
Are flights at night contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No How frequently?	Are landing sites lighted?
Who performs maintenance?	

NAME OF PILOT	Date Of Birth	Helicopter Certificate and Ratings					Medical Certificate		Pilot in Command Hours - Logged					Estimated Helicopter Flight Hours Next 12 months
		Pvt.	Com'l.	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"/>								
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**PILOT**

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

**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 \_\_\_\_\_ Policyholder'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.**