



**NON-OWNED AIRCRAFT  
LIABILITY INSURANCE  
APPLICATION**

Insurance Provided by  
Member Companies of  
American International Group, Inc.

**CHECK WHICH IS DESIRED:**  Quotation  Insurance  Renewal

**Applicant's Name** (include all entities and persons to be insured): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Effective From** \_\_\_\_\_ **until** \_\_\_\_\_ Both at 12:01 a.m. standard time at the address above.

**Business of Applicant:** \_\_\_\_\_

Applicant is:  Individual  Corporation  Other (describe): \_\_\_\_\_

LIABILITY COVERAGE	Limits of Liability Requested		Premium
	Each Person	Each Occurrence	
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Property Damage Liability	N / A	\$ _____	\$ _____
<input type="checkbox"/> Passenger Bodily Injury Liability	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Single Limit _____ cluding Passengers	xxxxxxx	\$ _____	\$ _____
<input type="checkbox"/> With Passenger Liability Limited to:	\$ _____	xxxxxxx	\$ _____
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other Liability (specify): _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Physical Damage to Non-Owned Aircraft	Each Aircraft \$ _____	Deductible \$ _____	\$ _____
		<b>TOTAL PREMIUM</b>	\$ _____

Maximum number of seats or largest aircraft to be insured: \_\_\_\_\_ Total Seats

NON-OWNED AIRCRAFT USE				
Show all types of aircraft used by or on behalf of applicant to be insured.				
Type of Aircraft	Operator	Limits Carried	Actual Hours Used Last 12 Months	Estimated Hours of Use Next 12 Months
<b>Rented Aircraft</b> (Aircraft rented and piloted by you or by your employees)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Charter Aircraft</b> (Aircraft chartered from and piloted by the owner/operator)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Employee Operated Aircraft</b> (Aircraft owned or operated by your employee and flown on company business)				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SHOW ALL AIRCRAFT USES BY OR ON BEHALF OF APPLICANT TO BE INSURED.** Must total 100%.

\_\_\_\_\_ % Corporate executive (Flown by professional pilots employed for this purpose and used to transport your employees and guests.)

\_\_\_\_\_ % Pleasure or business (Not flown by professional pilots employed for this purpose)

\_\_\_\_\_ % Commercial (Flights made for hire, money, or any form of reward or compensation)

Fully describe: \_\_\_\_\_

\_\_\_\_\_ % Other (Describe all uses not shown above)

\_\_\_\_\_ % **Total**

Are any Non-Owned Hot Air Balloons, Blimps, Military Surplus, Ultra-Light, or Home Built Aircraft used?  YES  NO

If Yes, explain: \_\_\_\_\_

Describe all navigation outside the United States and Canada. \_\_\_\_\_

Are any private airfields / heliports used?  YES  NO

If yes, explain: \_\_\_\_\_

Has applicant issued any instructions permitting / prohibiting use of Non-Owned Aircraft?  YES  NO

If yes, explain: \_\_\_\_\_

Describe all Aircraft owned, registered to, or leased for more than 30 days to Applicant, or Aircraft in which Applicant has any financial interest. \_\_\_\_\_

Number of full time / part time employees flying non-owned aircraft on behalf of Applicant: \_\_\_\_\_

Attach Pilot Qualification form (APP-01) for each employee pilot above or each individual applicant.  Attached

**OTHER INSURANCE**

Minimum limits required of aircraft owners / operators?  YES  NO

Minimum amount: \$ \_\_\_\_\_

Is Applicant a) "held harmless"  YES  NO

b) named as an additional insured  YES  NO

on aircraft owner's / operator's insurance policy?

Name of current Applicant's Non-Owned Aircraft Insurance carrier (if none, so state): \_\_\_\_\_

Expiration date of current coverage: \_\_\_\_\_

To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any non-owned aircraft in the custody of the Applicant except: \_\_\_\_\_

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew a non-owned aircraft policy held by the Applicant or any of the pilots named herein? (NOTE: Missouri applicants Do Not Reply.)

YES  NO

If yes, explain: \_\_\_\_\_

**NOTICE TO APPLICANTS:** 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 act, which is a crime, and subjects such person to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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, 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 such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO COLORADO APPLICANTS:** 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 Authorities.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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 fines and confinement in prison.

**NOTICE TO OKLAHOMA APPLICANTS: 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 (365: 15-1-10, 36 S.S. 3613.1)

**ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

*Information to be Completed By Producer*

Producer: William J. Grohs Aviation, Inc.

Address: Waterbury-Oxford Airport - Tower Building City: Oxford State: CT Zip: 06478-1096

Telephone: (203) 262-1552 Fax: (203) 262-1556 E-mail: customerservice@wjgrohsaviation.com