

HELICOPTER HULL AND LIABILITY APPLICATION

APPLICANT:

Name of Applicant _____

Address _____

You are Individual Corporation Partnership Governmental Body Other, explain _____ Is this a Holding Corporation? 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:

	FAA No.	Year	Make & Model	Seats		Insured Value	Purchase Date	Price Paid
				Crew	Pass.			
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____

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

Explain "Yes" answer _____

_____ Aircraft is a landplane? Yes No

Yes No (describe) _____ It is usually hangared? Yes No

Aircraft is usually based at _____

PURPOSE OF USE:

- Pleasure and Business Charter/Air Taxi Flying Club
 Student or Pilot Instruction Commercial Rental
 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 people? No Yes

UTILIZATION:

Use	Annual Hours	Use	Annual Hours
Industrial Aid / Pleasure & Business		Fire Fighting/Powerline Stringing/Agricultural/ Cattle Herding	
Passenger Carrying for Hire		Occasional Slung Cargo	
Slung Cargo / Banner Towing		Dual Instruction Only	
Seismological Onshore		Instruction Without Limited Rental	
Offshore		Instruction Including Limited Rental	
Powerline/Pipeline Patrol/Traffic Watch/Police		Cinematography	
Fire Support		Air Ambulance	
Erection / Construction		Prisoner Transportation	
		Other (Explain):	

What percentage of the annual hours involve the carriage of passengers who are not employees of the Insured _____%?
 Furthermore what is the average passenger load factor _____%?

COVERAGES 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	\$	\$	\$
PHYSICAL DAMAGE COVERAGE	Agreed Value	Deductible	
F Rotors in Motion and Not in Motion	\$	\$	\$
G 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.			

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 every been indicated, 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 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 Helicopter 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 Rotors in Motion?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, is the Rotors in Motion coverage for all purposes or just for other than "flight"?		<input type="checkbox"/> All <input type="checkbox"/> 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 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 Rotors in Motion?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, is the Rotors in Motion coverage for all purposes or just for other than "flight"?		<input type="checkbox"/> All <input type="checkbox"/> 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 aive 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 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 Phoenix Aviation Managers. Inc. has notified the applicant's agent or broker that Insurance has been arranged.

Applicant Signature: _____

Date:

*Phoenix Aviation Managers, Inc.
1255 Roberts Boulevard
Suite 200
Kennesaw, Georgia 30144*

*Phoenix Aviation Managers, (Texas) Inc.
15660 N. Dallas Parkway
Suite 1100
Dallas, Texas 75248*