

SRIM HELICOPTER HULL AND LIABILITY FORM

Check which is desired:) A QUOTATION	O INSURANCE POL	CY O RENEWAL POLICY								
Name of Applicant (Include D/B/A's and Holding Companies):											
Address:											
Business or occupation of applica	nt:										
Applicant is: OCorporation OIn	dividual(s) OPartne	rship O Other(Describe	e)								
Insurance Is requested from: to:											
Liability Coverage	LIMITS OF LIABI	LITY DESIRED	Physical Damage Coverage								
Liability Coverage	Each Person	Each Occurrence	Amount of Hull Insurance								
Single Limit Bodily Injury and Property Damage Liability:			Aircraft 1: \$								
Passengers: Olincluded, Oexcluded	\$ Each Passenger	\$	Aircraft 2: \$								
Other Liability	\$	\$	Deductibles O\$ O%								
Medical Expenses Crew _ Oincluded, Oexcluded	\$ Each Person		Rotors not in motion:								
			Rotors in motion:								

Aircraft	Reg.		ating acity	Purchased		Price Paid by Applicant	Present Estimated Value	Engine Hours Since New, or Since Last Major	Number of Hours Flown in	Estimate Flight Hours Next 12
Year, Make and Model	No.	Crew	Pass	New or Used	Date	(incl .extras)	(incl .extras)	Ornece Last Major	the Last 12 Months	Months
1.						\$	\$			
2.						\$	\$			
Descriptio	n of spec	ial or ex	tra equi	pment in	stalled c	n aircraft and s	pares inventory			

Value: \$ Aircraft 1.

Aircraft 2. Value: \$

Spare I	Parts Inventory:					Value: \$						
Applica	Applicant is: OSole owner OOwner subject to mortgage or conditional sales contract OLessee OOther(Explain)											
If aircra	ft is encumbered, name	e and address of lienholder o	r lessor:									
Amoun	t of encumbrance (excl	uding interest and finance ch	arges): \$									
Will Bre	each of Warranty Cover	age be required by lienholde	r? OYes ON	10								
Airc	raft Use: check all use(s) to	o which policy is to apply										
Dilots	Pleasure (non-professional s)	scue	External Load – S	- Slung Cargo								
pilots	Business (non-professional s)	Charter: OPass OCargo	Patrol Flights (d	describe	Pole/inflight Pick Delivery	Up &						
	corporate - Executive (flown brofessional pilots hired for this purpose)	Air Ambulance, Medivac	Slash Burning		Logging							
	nstruction - Initial	Police Operations	Fire Control, Wa		Helisking							
	nstruction - Check-out	Traffic Watch or News	Crop Dusting, S Seeding	Spraying,								
	Other uses not listed:											
Who	maintains operational cont	rol of the aircraft being operated?										
Is Ai	rworthiness Certificate othe	r than standard? O Yes	O No If Yes ,expl	ain								
ls en	gine being operated beyond	TBO? OYes ONo	If Yes , explain									
Aircı	aft usually based at:			Hangared?	OYes ON	lo						
lf pr	ivate heliport, describe facili	ties and security:										

Are landi	ing sites r	not ap	prove	d by F	AA use	ed? (Ye	s O N	No I	lf Yes ,	how	ofte	en?	ldei	ntify sites:				
Are building top landing pads used? OYes ONo If Yes , how often? Identify sites:																			
Areas of Operation: FAR Licenses held:																			
Are floats installed? OYes ONo If yes percentage of time: % Value:\$																			
Are flights at night contemplated? OYes ONo If yes, how frequently? Are landing sites lighted? OYes ONo																			
Who Per	Who Performs maintenance?																		
PIlots: COMPLETE THIS SECTION (INCULUDING ITEMS 19. BELOW) FOR EVERY PILOT WHO WILL OPERATE AN AIRCRAFT DURING THE POLICY TERM UNLESS A PILOT QUESTIONNAIRE IS COMPLETED BY THE PILOT																			
		Heli	copte	r Cert	ificate			Medica						Pilot in	commai	nd Hours	-Logg	flight ths	
Name	Date	and ratings																	opter mon
of Pilot	of Birth		cial			Тур	е	Date 0	Of			₹ ₹	=	ecip	e	el to Ired	ast	ths	d helic next 12
		ivate	> \		<u>م</u>	Rating (List)		Last	Class		s	Fotal / Aircra		otal Re Total Turbin		Mode	otal L 2 Mon		stimate
÷		<u>P</u>	ပိ	<u>L</u>	4									<u> </u>		<u>د</u> ع		-	Ш
1.																			
2.		П																	
3.																			
4.																			
							Ы	LOT		1			9.60		3			1	
								LOI	Yes		No		Yes No		Yes	No	Yes	Voc N	
Has the pilot successfully completed the manufacture's approved pilots ground and flight training school for any helicopter?							()	0		0	0	0	0	0	(No O		
	No) Spe	ecify r	nake	and m	nodel:			ate:				E-							
training	program	?						ř)	0		0	0	0	<u>O</u>	0)
	the milit	ary?			>===					O	0		0	0	0	0	0)
4. Does		9401 6271				75-25 IF. 63-11		!)	0		0	0	0	0	0)
5. Does the pilot have any waivers, restrictions, limitations or conditions attached to his medical								0		0	0	0	0	0					

certificate?

		ort Canada, or other pilot ended or revoked?	0	0	0	0	0	0	0	0		
7. Has any	pilot ever beer	cited for any violation of	0	0	0	0	0	0	0	0		
	regulation in a pilot ever beer	n involved in any aircraft	0	0	0	0	0	0	0	0	Ó	
9. Has any	pilot ever beer or driving while	n convicted or pleaded guilty intoxicated?	0	0	0	0	0	0	0	0	er n	
Explain all "yes" answers to these questions												
Name of last aviation insurance carrier (if none so state)												
		ge has any damage been susceptible to the customatic control of the cu									ıt	
of the operation of, any aircraft owned by or in the custody of the Applicant? OYes O No If yes, please provide details Has any insurance company or underwriter at any time declined an application submitted by or cancelled or refused to renew a policy held by the applicant or any of the pilots named herein regard to any type of insurance? OYes O No If so, explain:												
explain:												
Workers Compensation insurance now in effect:												
Carrier:								Expirati	on Date	9:		
Limits:												
I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Insurers may investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by an authorized person in writing. DateApplicant's Signature												
Name of ag	ent or broker:											
Address:												
OBroker	OAgent	Are you the holding produce	r? O Ye	s ON	0	If "Y	es", for h	ow many	years?			