

HELICOPTER HULL AND LIABILITY FORM

Check which is desired: A Quotation Insurance Policy Renewal Policy

Name of Applicant: (Include D/B/A's and Holding Companies): _____

Address: _____

Business or occupation of applicant: _____

Applicant is: Corporation Individual(s) Partnership Other(Describe) _____

Insurance is requested from: _____ to: _____

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
Single Limit Bodily Injury and Property Damage Liability: Passengers: Included Excluded	\$ Each Passenger	\$
Other Liability	\$	\$
Medical Expenses Crew Included Excluded	\$ Each Person	

Physical Damage Coverage		
Amount of Hull Insurance		
Aircraft 1:	\$	
Aircraft 2:	\$	
Deductibles	\$	%
Rotors not in motion:		
Rotors in motion:		

Aircraft	Reg. No.	Seating Capacity		Purchased		Price Paid by Applicant (incl. extras)	Present Estimated Value (incl. extras)	Engine Hours Since New, or Since Last Major Overhaul	Number of Hours Flown in the Last 12 Months	Estimate Flight Hours Next 12 Months
		Crew	Pass	New or Used	Date					
1.						\$	\$			
2.						\$	\$			
Description of special or extra equipment installed on aircraft and spares inventory										
Aircraft 1.										Value: \$
Aircraft 2.										Value: \$
Spare Parts Inventory										Value: \$

Applicant is Sole Owner Owner subject to mortgage or conditional sales contract Lessee Other(Explain) _____

If aircraft is encumbered, name and address of lienholder or lessor: _____

Amount of encumbrance (excluding interest and finance charges): \$ _____

Will Breach of Warranty Coverage be required by lienholder? Yes No

Aircraft Use: Check all use(s) to which policy is to apply			
Pleasure (non-professional pilots)	Instruction - Pilot upgrade	Search and Rescue	External Load - Slung Cargo
Business (non-professional pilots)	Charter: Pass Cargo	Patrol Flights (describe below)	Pole/inflight Pick Up & Delivery
Corporate - Executive (flown by professional pilots hired for this purpose)	Air Ambulance, Medivac	Slash Burning	Logging
Instruction - Initial	Police Operations	Fire Control, Water Bucket, Fire Support	Heliskiing
Instruction - Check-out	Traffic Watch or News	Crop Dusting, Spraying, Seeding	
Other uses not listed:			

Who maintains operational control of the aircraft being operated? _____

Is Airworthiness Certificate other than standard? Yes No If yes, explain: _____

Is engine being operated beyond TBO? Yes No If yes, explain: _____

Aircraft usually based at: _____ Hangared? Yes No

If private heliport, describe facilities and security: _____

Are landing sites not approved by FAA used? Yes No If yes, how often? _____ Identify sites: _____

Are building top landing pads used? Yes No If yes, how often? _____ Identify sites: _____

Areas of Operation: _____ FAR Licenses held: _____

Are floats installed? Yes No If yes, percentage of time: ____% Value: \$ _____

Are flights at night contemplated? Yes No If yes, how frequently? _____ Are landing sites lighted? Yes No

Who performs maintenance? _____

Pilots: Complete this section (including items 1-9 on the next page) for every pilot who will operate an aircraft during the policy term unless a pilot questionnaire is completed by the pilot

Name of Pilot		1.	2.	3.	4.
Date of Birth					
Helicopter Certificate and ratings	Private				
	Commercial				
	IFR				
	ATP				
	Type Ratings (List)				
Medical Certificate	Date of Last Physical				
	Class				
Pilot in command Hours - Logged	Helicopter	Total All Aircraft			
		Total Recip			
		Total Turbine			
		In Model to be Insured			
		Total Last 12 Months			
Estimated helicopter flight hours next 12 months					

PILOT	1.		2.		3.		4.	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the pilot successfully completed the manufacturer's approved pilots ground and flight training school for any helicopter?								
(Yes or No) Specify make and model and date:								
2. Does the pilot participate in a formal recurrent training program?								
3. Was pilot's original rotorcraft rating obtained through the military?								
4. Does the pilot have any physical impairments?								
5. Does the pilot have any waivers, restrictions, limitations or conditions attached to his medical certificate?								
6. Has any pilot's Transport Canada, or other pilot certificate ever been suspended or revoked?								
7. Has any pilot ever been cited for any violation of any aviation regulation in any country?								
8. Has any pilot ever been involved in any aircraft accident?								
9. Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated?								
Explain all "yes" answers to these questions								

Name of last aviation insurance carrier (if none so state) _____

To the Applicant's knowledge has any damage been sustained to, or have any claims been by others that have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant? Yes 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? Yes No If so, explain:

Workers Compensation insurance now in effect: _____

Carrier: _____ Expiration Date: _____

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.

Date _____ **Applicant's Signature** _____

Name of agent or broker: _____

Address: _____

Broker Agent Are you the holding producer? Yes No If yes, for how many years? _____