**TURBOPROP & TURBO-JET AVIATION INSURANCE APPLICATION**

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|  | RT Specialty14643 Dallas Parkway, Suite 700Dallas, Texas 75254Phone: 972-818-4090Fax 972-818-4088[www.blaisaviation.com](http://www.blaisaviation.com) | Agent or Broker:Andrews Aviation Insurance AgencySheri Swartz450 Armistice BoulevardPawtucket, RI 02861Phone: 574-594-2157E-Mail: sheri@andrewsaviationins.com |
| Name of Applicant & Address:E-Mail Address: | Current Insurance Company:Effective Date: |
| Business or occupation of applicant: |
| Applicant is: ( ) Individual ( ) Corporation ( ) Partnership ( ) Other (please explain) |
| Insurance is requested from: 12:01 AM to 12:01 AM |
| Phone: Business ( ) | Phone: Fax ( ) | E-Mail:  |

**COVERAGES AND LIMITS**

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| --- | --- |
| LIABILITY COVERAGE |  LIMITS OF LIABILITY |
| Combined Single Limit Bodily Injury and Property Damage, ( ) Including Passengers ( ) Excluding Passengers | **$** Each Occurrence |
| Guest/Passenger Voluntary Settlement | $Each Crew Member | $Each Non-Crew Member |
| Medical Payments: \_\_\_\_\_\_\_cluding Crew  | $ Each Person |

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| PHYSICAL DAMAGE COVERAGE | Deductible ( ) Nil  ( ) Other $ | Aircraft usually based at (Airport/s)Hangared ( ) Tied Down ( ) |
|  Aircraft Year, Make & Model | FAA Number | Seating Capacity  Crew Other |  Insured Value | Estimated annual flight hours | Is War Risk Coverage to be required? |
| 1. |  |  |  | $ |  | ( ) Yes ( ) No |
| 2. |  |  |  | $ |  | ( ) Yes ( ) No |
| 3. |  |  |  | $ |  | ( ) Yes ( ) No |
| 4. |  |  |  | $ |  | ( ) Yes ( ) No |

Attach separate sheet for additional aircraft if necessary



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Aircraft No. | Applicant is Sole Owner | Applicant is Owner with lien | Applicant is Lessee | If aircraft is encumbered, please provide name and address of lienholder | Amount of encumbrance (excluding interest and finance charges) | Will Lienholder’s Interest be required by lienholder?  |
|  |  |  |  |  |  | ( ) Yes ( ) No |
|  |  |  |  |  |  | ( ) Yes ( ) No |
|  |  |  |  |  |  | ( ) Yes ( ) No |
|  |  |  |  |  |  | ( ) Yes ( ) No |
| Are engines, spare engines, or other aircraft related tools or equipment subject to separate lien or mortgage? | ( ) Yes ( ) No | If “yes” please describe. |

**AIRCRAFT OPERATIONS**

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| Address of Flight Department: |
| Year Flight Department was established: |
| Please describe all uses of aircraft (typical and anticipated destinations, personnel carried, trip frequency, annual hours of operation, etc.) |
| Average Load Factors: Aircraft # 1. #2. #3. #4.   |
| Do the aircraft carry passengers or perform other operations for a charge? ( ) Yes ( ) No If “yes” please provide copy( ) FAR PART 135 ( ) FAR PART 91.501 ( ) Other (describe)  |
| Area of aircraft operation: ( ) U.S.A. ( ) Canada ( ) Mexico Other countries (please list)  |
| Are flights made to U.S. Military installations? ( ) Yes ( ) No |
| Is there a company flight operations manual which outlines aircraft policies and procedures? ( ) Yes ( ) NoIf “yes” please provide a copy |
| Has Applicant signed any agreements or contracts assuming liability to others in respect to aircraft operations? ( ) Yes ( ) NoIf “yes” please provide a copy |
| Is Applicant a member of: ( ) NBAA ( ) CBBA ( ) HAI ( ) Flight Safety Foundation  |
| Are there any Dry Leases for this aircraft? ( )Yes ( )No If Yes provide details. (How many? 3rd Party?) |



**PILOTS**

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| Name of Chief Pilot Number of years employed by applicant |
| Does applicant use contract pilots? ( ) Yes ( ) No |

List all pilots who operate Applicant’s aircraft and ATTACH PILOT QUESTIONAIRES FOR EACH PILOT, both employed and contract.

Identify Command Pilot with “C” and Co-Pilot with “S”

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| --- | --- | --- | --- | --- |
| NAME OF PILOT | Date of Birth | Certification (s) & RatingsPlease List | Medical CertificateDate Class | Hours Logged as Pilot in CommandAll Aircraft Make and ModelTotal SEL MEL Total last 90 days 12 mos |

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| 1. |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |

Pilot # FAA Certificate Number Date Last Biennial Flight Review Details of other proficiency training Name of Facility

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| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| Are any aircraft operated with a single pilot crew? ( ) Yes ( ) No**.** If “Yes”, please describe |

**TRAINING**

|  |  |  |  |
| --- | --- | --- | --- |
|  Type of Aircraft |  Training Program Utilized |  Frequency |  Name of Facility |
|  | Simulator based flight and ground schoolContracted outside serviceIn-house ground & Flight using fleet aircraft | ( ) Initial( ) 6 Mos. ( ) 12 Mos.( ) Other |  |
|  | Simulator based flight and ground schoolContracted outside serviceIn-house ground & Flight using fleet aircraft | ( ) Initial( ) 6 Mos. ( ) 12 Mos.( ) Other |  |
|  | Simulator based flight and ground schoolContracted outside serviceIn-house ground & Flight using fleet aircraft | ( ) Initial( ) 6 Mos. ( ) 12 Mos.( ) Other |  |
|  | Simulator based flight and ground schoolContracted outside serviceIn-house ground & Flight using fleet aircraft | ( ) Initial( ) 6 Mos. ( ) 12 Mos.( ) Other |  |



**MAINTENANCE**

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| Does Applicant perform its own: Maintenance? ( ) Yes ( ) No If “Yes” name of Maintenance Supervisor: Interval inspections? ( ) Yes ( ) No  Hot sections? ( ) Yes ( ) No Number of years in this position: |
| Have Applicant’s maintenance personnel completed manufacturer’s maintenance schools for aircraft to be insured? ( ) Yes ( ) NoIf “yes”, please describe: |
| Do Applicant’s maintenance personnel receive any recurrent training? ( ) Yes ( ) NoIf “yes”, please describe: |
| Are aircraft operated under any special maintenance program? ( ) Yes ( ) NoIf “yes”, please describe: |
| Do Applicant’s maintenance personnel service, maintain, or repair aircraft belonging to others? ( ) Yes ( ) NoIf “yes”, please describe: |
| Description of special or extra equipment installed on aircraft and spares inventory: |
| Aircraft special equipment:  | Value $ |
| Spare parts inventory: | Value $ |
| Spare Engines: | Value $ |

Names and locations of outside venders providing the following services (including agreements if available)

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| --- | --- | --- |
| Service Provided |  Name of Vender |  Agreement Status |
| Storage |  | ( ) Agreement attached( ) No Agreement |
| Fueling |  | ( ) Agreement attached( ) No Agreement |
| Airframe Maintenance |  | ( ) Agreement attached( ) No Agreement |
| Engine Maintenance |  | ( ) Agreement attached( ) No Agreement |
| Avionics Maintenance |  | ( ) Agreement attached( ) No Agreement |

Attach separate sheet for additional venders if necessary



**NON-OWNED AIRCRAFT**

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| Do any employees (including pilots employed by the Applicant’s flight department) pilot aircraft not owned by the Applicant on Applicant’s business? ( ) Yes ( ) No If “yes”, please describe: |
| Does the Applicant charter other aircraft for company business? ( ) Yes ( ) No If “yes”, please describe: |
| Does Applicant use or anticipate using any non-owned aircraft with 25, or more seats? ( ) Yes ( ) No  |
| Does Applicant anticipate use of temporary substitute aircraft during servicing or maintenance of insured aircraft? ( ) Yes ( ) No If “Yes”, please describe. |

**PREMISES**

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| Location of all premises used in flight operations: |
| Type of Construction of hangar: Is hangar sprinklered? ( ) Yes ( ) No  |
| Hangar is: ( ) Owned ( ) Leased/Rented Name of Landlord |
| Does Applicant have any retail fuel and oil sales? ( ) Yes ( ) No Annual Sales $ |
| Does Applicant hangar, tie-down, or move any aircraft belonging to others? ( ) Yes ( ) No If “Yes” , please describe. |

**LOSS HISTORY**

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| Has Applicant had any accidents or aircraft related incidents? ( ) Yes ( ) No If “Yes” Please explain below: |
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**Use this space for answering questions. Attach sheet if necessary**

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| All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between Me/Us and the Insurer. I herby authorize the insurer to investigate all or any qualifications and/or statements contained herein.FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime.I/We authorize to represent me/us in placing this insurance.Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’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 COMPANY AGREES TO EFFECT THE INSURANCE.** |