



Phoenix Aviation Managers, Inc.

P.O. Box 440757
Kennesaw, Georgia 30160

15660 N. Dallas Parkway Suite 1000
Dallas, Texas 75248

HELICOPTER HULL AND LIABILITY INSURANCE APPLICATION

Name of Applicant

Address

You are: Individual Corporation Partnership Governmental Body Other (explain)

Is this a Holding Corporation? NO YES If YES, explain

Your business is

PRESENT CARRIER
Your present aircraft insurance company is
Policy Expires

OWNERSHIP OF AIRCRAFT
Does any person or organization (apart from Applicant shown above) have a financial interest in the insured aircraft? <input type="checkbox"/> NO <input type="checkbox"/> YES
Explain
Names and addresses of: <input type="checkbox"/> Co-Owner(s) <input type="checkbox"/> Mortgagee(s) <input type="checkbox"/> 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)? <input type="checkbox"/> NO <input type="checkbox"/> YES

AIRCRAFT INFORMATION								
A/C No.	F.A.A. 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? NO YES

If YES, Explain

Aircraft is a landplane? NO YES (Describe)

It is usually hangared? NO YES

Aircraft is usually based at

PURPOSE OF USE		
<input type="checkbox"/> Pleasure and Business	<input type="checkbox"/> Charter / Air Taxi	<input type="checkbox"/> Flying club
<input type="checkbox"/> Student or Pilot Instruction	<input type="checkbox"/> Commercial	<input type="checkbox"/> Rental
<input type="checkbox"/> Special Uses – Defined as		

IMPORTANT: COMPLETE ALL ITEMS

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):		Other (Explain):	

COVERAGES AND LIMITS			
Liability Coverages	Limits		Premiums
	Each Person	Each Occurrence	
A. Bodily Injury, Excluding Passengers	\$	\$	\$
B. Passenger Bodily Injury	\$	\$	\$
C. Property Damage	XXXXX	\$	\$
D. Single Limit Bodily Injury, <input type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers, and Property Damage	XXXXX	\$	\$
E. Medical Payments, <input type="checkbox"/> Including <input type="checkbox"/> Excluding Crew	\$	\$	\$
Physical Damage Coverage	Agreed Value	Deductible	Premiums
F. Rotors in Motion and Not in Motion	\$	\$	\$
G. Rotors Not in Motion Only	\$	\$	\$
Other Coverages:			
Additional Insured: (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)			
TOTAL ANNUAL PREMIUM			\$

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PILOT INFORMATION

Data required on all pilots who will operate the aircraft. If more than one pilot, copy and attach separate sheet(s).

PILOT NO.

Name	
Birthdate / /	Soc. Sec. No. - -
Occupation	Year learned to fly
Date of last BFR / /	Last Medical / /
FAA Pilot Certificates held <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/>	
Certificate No. Issue Date / /	
Ratings <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft <input type="checkbox"/>	

Pilot-In-Command Hours							
All Aircraft			This Make & Model		Piston Rotorcraft		
Total	Last 12 Months	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days	
Turbine Rotorcraft		Fixed Wing S/E Retract. Gear		Fixed Wing S/E Fixed Gear		Fixed Wing Multi-Engine	
Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days

Refresher/Transition Courses: Describe and give dates of last courses attended

Accidents or Violations: Describe and give dates

Pilot Signature: _____ **Date:** _____

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- | | YES | NO | |
|--|---|--------------------------|-----------------|
| 1. Do any pilots have any physical impairments, waivers, limitations or conditions attached to their medical certificate? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Has a FAA or military pilot certificate held by any named pilot above ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Has any named pilot ever been cited for any violation of a Federal Aviation Regulation? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Has any named pilot ever been involved in any aircraft incident or accident? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Has any named pilot ever been indicted, convicted or pleaded guilty to: | | | |
| a. The use of drugs or narcotics, or reckless, intoxicated or drunk driving? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. A Felony? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Is there any unrepaired damage to the insured aircraft? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Will the insured aircraft be operated at other than paved public airports? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Will the insured aircraft be flown to Alaska or countries outside the United States of America, Canada or Mexico? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Has applicant had any aircraft / aviation losses, claims or incidents in the last five (5) years? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Please answer the following: | | | |
| a. Who will perform your Helicopter Airframe maintenance? | | | |
| b. What insurance does the party in 10. a. carry for: | | | |
| i. Premises Liability | BI/PD | \$ | Each Occurrence |
| ii. Hangarkeepers' Liability | PD | \$ | Each Aircraft |
| | | \$ | Each Loss |
| iii. Does the Hangarkeepers' coverage include Rotors In Motion? | <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 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 | | |
| iv. Products-Completed Operations | BI/PD | \$ | Aggregate |
| Have you entered into any contractual agreement with the party identified in 10. a. whereby you have agreed to waive your rights of subrogation, or hold harmless or indemnify the party? | <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, attach a copy of the agreement) | | |
| 11. Please answer the following: | | | |
| a. Who will perform your Engine maintenance? | | | |
| b. What insurance does the party in 11. a. carry for: | | | |
| i. Premises Liability | BI/PD | \$ | Each Occurrence |
| ii. Hangarkeepers' Liability | PD | \$ | Each Aircraft |
| | | \$ | Each Loss |
| iii. Does the Hangarkeepers' coverage include Rotors In Motion? | <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| 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 | | |
| iv. Products-Completed Operations | BI/PD | \$ | Aggregate |
| c. Have you entered into any contractual agreement with the party identified in 11. a. whereby you have agreed to waive your rights of subrogation, or hold harmless or indemnify the party? | <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, attach a copy of the agreement) | | |

If YES to any of questions 1 – 9, please explain:

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All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and 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 hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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 civil fines and criminal penalties.

Arkansas – 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.

Colorado – 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 agencies.

District of Columbia - 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.

Florida - 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 of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – 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.

Maine – 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.

Maryland – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York – 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma – 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.

Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Date _____ Applicant's Signature _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company Agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer

Address

City

State

Phone No.

Fax No.

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