



USG Insurance Services, Inc.

Application for Helicopter Hull and Liability Insurance

CHECK WHICH IS DESIRED: A QUOTATION INSURANCE POLICY RENEWAL POLICY

Name of Applicant (Including 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 12:01 A.M. To 12:01 A.M.

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
<input type="checkbox"/> BODILY INJURY LIABILITY EXCLUDING PASSENGERS	\$	\$
<input type="checkbox"/> PROPERTY DAMAGE LIABILITY	XXXX	\$
<input type="checkbox"/> PASSENGER BODILY INJURY LIABILITY	\$	\$
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers: <input type="checkbox"/> included <input type="checkbox"/> excluded	XXXX	\$
<input type="checkbox"/> PASSENGER LIABILITY LIMITED TO:	\$	XXXX
<input type="checkbox"/> OTHER LIABILITY:	\$	\$
<input type="checkbox"/> MEDICAL EXPENSE Crew: <input type="checkbox"/> included <input type="checkbox"/> excluded	\$	

Are any alternate quotes requested for: Coverages? Limits? Deductibles? If so, describe:

What is the maximum value of any one aircraft likely to be covered under the policy during the next twelve months? \$

Physical Damage Coverage	AMOUNT OF AGREED VALUE DESIRED (attach explanation if other than current market value)	DEDUCTIBLES	
		ROTORS IN MOTION	ROTORS NOT IN MOTION
<input type="checkbox"/> GROUND AND IN FLIGHT <input type="checkbox"/> NOT IN FLIGHT <input type="checkbox"/> NOT IN MOTION	\$	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %

Aircraft	FAA 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					
Year, Make and Model										

Description of special or extra equipment installed on aircraft and spares inventory

Aircraft	Agreed Value: \$
Spare Parts Inventory:	Value: \$

Applicant is: <input type="checkbox"/> Sole owner <input type="checkbox"/> Owner subject to mortgage or conditional sales contract <input type="checkbox"/> Lessee <input type="checkbox"/> Other (Explain)
If aircraft in encumbrance, name and address of lienholder or lessor
Amount of encumbrance (excluding interest and finance charges) \$
Will Breach of Warranty Coverage be required by lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No

Aircraft Use: check use(s) to which policy is to apply

<input type="checkbox"/> Pleasure (non-professional pilots)	<input type="checkbox"/> Instruction – Pilot upgrade	<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> External Load – Slung Cargo
<input type="checkbox"/> Business (non-professional pilots)	<input type="checkbox"/> Charter: <input type="checkbox"/> Pass <input type="checkbox"/> Cargo	<input type="checkbox"/> Patrol Flights (describe below)	<input type="checkbox"/> Pole/Inflight Pick Up & Delivery
<input type="checkbox"/> Corporate – Executive (Flown by professional pilots hired for this purpose)	<input type="checkbox"/> Air Ambulance, Medvac	<input type="checkbox"/> Slash Burning	<input type="checkbox"/> Logging
<input type="checkbox"/> Instruction – Initial	<input type="checkbox"/> Police Operations	<input type="checkbox"/> Fire Control, Water Bucket, Fire Support	<input type="checkbox"/> Heliskiing
<input type="checkbox"/> Instruction – Check-out	<input type="checkbox"/> Traffic Watch or News	<input type="checkbox"/> Crop Dusting, Spraying, Seeding	
<input type="checkbox"/> Other uses not listed:			

If used under FAR 135, who owns the FAR 135 operating certificate that you operate under?	
Who maintains operational control of the aircraft being operated under FAR 135?	
Is Airworthiness Certificate other than standard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Is engine being operated beyond TBO? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Aircraft usually based at:	Hangared? <input type="checkbox"/> Yes <input type="checkbox"/> No
If private heliport, describe facilities and security:	
Are landing sites not approved by FAA used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?	Identify sites:
Are building top landing pads used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?	Identify sites:
Areas of Operations:	FAR licenses held:
Are floats installed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage of time: % Value: \$	
Are flights at night contemplated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how frequently?	Are landing sites lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who performs maintenance?	

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

NAME OF PILOT	Date of Birth	Helicopter Certificate and Ratings				Medical Certificate		Pilot in Command Hours - Logged					Estimated helicopter flight hours next 12 months	
		Private	Commercial	IFR	ATP	Type Ratings (List)	Date of Last Physical	Class	Helicopter					
									Total All Aircraft	Total Recip.	Total Turbine	In Model to be Insured		Total Last 12 Months
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

	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 and helicopter? (Yes or No) Specify make and model: _____ Date: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the pilot participate in a formal recurrent training program?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was pilot's original rotorcraft rating obtained through the military?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the pilot have any physical impairments?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the pilot have any waivers, restrictions, limitations or conditions attached to your medical certificate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has any pilot's FAA, Transport Canada, military or other pilot certificate ever been suspended or revoked?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any pilot ever been cited for any violation of any aviation regulation in any country?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any pilot ever been involved in any aircraft accident?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain all "yes" answers to these questions:									

Member of NBAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Membership: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Associate
Member of HAI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Membership: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Associate

Name of last aviation insurance carrier (if none so state)
To the Applicant's knowledge no damage has been sustained to, nor claims by others arisen out of the operation of, any aircraft owned by or in the custody of the applicant except:
Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein regard to any type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:

Name of Agent or Broker:		
Address:		
<input type="checkbox"/> Broker <input type="checkbox"/> Agent	Are you the holding producer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" for how many years?

ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning, 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact 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 subjects such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) no more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three , or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

All particulars herein are declared to be true and complete to the best of my/our 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 the insurer to investigate all or any qualifications or statements contained herein.

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 INSURER AGREES TO EFFECT THIS INSURANCE.