

AVIATION INSURANCE MANAGERS, INC.

11650 Cleveland Avenue, N.W., Uniontown, Ohio 44685
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AIRCRAFT NON-OWNERSHIP LIABILITY APPLICATION

I. INSURER

UNDERWRITER _____

Effective from _____ (A.M. - P.M.) _____ to 12:01 A.M. _____

II. APPLICANT

NAME _____

ADDRESS _____ PHONE: _____

FAX _____

Your Business Is: _____ EMAIL: _____

Present Insurance Company _____ Policy Expires _____

III. OPERATIONS

1. Number of Offices: _____ Locations (Cities or States): _____

2. Number of Managerial Employees: _____ Total Number of Employees: _____

3. Have you Issued any Written or Oral Instructions Permitting or Prohibiting the Rental or Charter of Aircraft? _____ If yes, explain _____

4. Complete the Following for all Licensed Pilots in Your Employ:

NAME	AGE	ANY ACCIDENT RECORD	PILOT CERTIFICATION		NUMBER OF SOLO HOURS:		
			LICENSE	RATING(S)	SINGLE ENGINE	MULTI- ENGINE	HELI- COPTER

*If any accident record, give details on page 2 of this application.

5. Do You or Your Employees Charter (i.e., Non-Employee as Pilot) Aircraft for Company Business? _____

(A) Purpose: _____

(B) Make of Aircraft: _____

(C) Approximate Hours Flown Annually: _____

6. Do You or Your Employees Rent (i.e., Employee as Pilot) Aircraft for Company Business? _____

(A) Purpose: _____

(B) Make of Aircraft: _____

(C) Approximate Hours Flown Annually: _____

7. Do You or Your Employees Use Their Own Aircraft for Company Business? _____

(A) Purpose: _____

(B) Make of Aircraft: _____

(C) Approximate Hours Flown Annually: _____

8. Is There Any Flying on Your Behalf by Other Than Employees? (For Example: Subcontractors, Joint Ventures, Promotional or Advertising Activity, etc.) _____ If Yes, Explain _____

III. OPERATIONS-continued

9. Do You Use Aircraft For Pleasure Purposes?_____ If Yes, Explain_____
10. Will Aircraft be Flown Outside the Continental Limits of the United States?_____ If Yes, Specify Where and How Often to Each Location:_____
11. What is the Greatest Seating Capacity of Aircraft to be Used?_____ Average Seating Capacity?_____
12. If Physical Damage Liability is Selected, Specify Maximum Value of Aircraft to Be Used:_____ Average Value:_____
13. Do you Own or Lease (Term of Lease 12 Months or More) Any Aircraft?_____ If Yes, Specify Make & Model(s) and Purpose of Use:_____
14. Please Specify Extent of Any Contractual Arrangements Involving Non-Owned Aircraft (Include Insurance Requirements). _____
15. Have you Ever Had a Claim Made Against you as a Result of Accidents Arising Out of Your Use of Aircraft?_____ If Yes, Explain_____

IV. COVERAGES REQUESTED

	LIMITS OF LIABILITY	
Non Owned Aircraft Liability - Single Limit Bodily Injury and Property Damage Liability _____cluding Passengers	\$	each occurrence
Non Owned Aircraft Physical Damage Liability	\$	any one aircraft
Medical Payments (____cluding crew)	\$	each person
	\$	each accident
Baggage Liability	\$ 250	each passenger
	\$ 1,000	each occurrence

V. OTHER COVERAGES REQUESTED

VI. TYPES OF AIRCRAFT COVERED

COVERAGE IS REQUESTED FOR: _____

