



CORPORATE CONTINGENT AVIATION LIABILITY APPLICATION

APPLICANT INFORMATION

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Business of Applicant: _____

Applicant is: _____

Insurance is requested from: ____/____/____ to: ____/____/____

Current Insurance Carrier: _____

PRO FLOWN CHARTER

Does the applicant have non-owned aircraft exposures with professional pilots? Yes No

If Yes, then please answer the following questions:

What is the maximum passenger seating on the largest aircraft chartered? _____

What is the average passenger load? _____

What are the lowest liability limits carried on these aircraft? _____

Actual Hours Used Last 12 Months: _____ Estimated Hours of Use Next 12 Months: _____

Show all types of Aircraft used by or on behalf of applicant to be insured:

Type of Aircraft	Operator	Limits Carried
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the applicant listed as an additional insured on the primary policy for all
Charter operators utilized? Yes No

Does the applicant require a certificate of insurance from all charter operator(s)
utilized? Yes No

NON-PRO EMPLOYEE FLOWN

Does the applicant have non-owned aircraft exposure with non-pro pilots or Employee pilots? Yes No

If Yes, then please answer the following questions:

What is the maximum passenger seating on the largest of these aircraft? _____

What is the average passenger load? _____

What are the lowest liability limits carried on these aircraft? _____

How many hours of non-professionally flown non-owned exposure in the:

Last 12 Months: _____ Next 12 Months: _____

What type of aircraft do your employees use?

AIRCRAFT

Will the aircraft be used for any of the following? Yes No

(please enter anticipated hours for all that apply)

Powerline Patrol _____ Casino Exposures _____

Pipeline Patrol _____ Hotel Exposures _____

Logging _____ Heavylift Rotor-Wing _____

Cruise Ship _____ Medivac _____

Does the applicant have any non-owned exposures involving any of the following types of aircraft? Yes No

(please enter anticipated hours for all that apply)

Balloons _____ Ultralights _____

Hang Gliders _____ Home Builts _____

Military Aircraft _____ Blimps _____



EXPOSURES / LOSS HISTORY

Does the applicant have any non-owned aircraft exposures in the following areas? Yes No
(please check all that apply)

South/Central America	___	Africa	___
Middle East	___	Arctic/Antarctica	___
Far East	___	Alaska	___

If Yes, Describe: _____

Has the applicant had any aircraft/aviation losses, claims, or incidents? Yes No

Has any insurer cancelled, declined, or refused to renew any aviation policy? Yes No

If Yes, Describe: _____

Does the applicant have any instructions relating to the aircraft use? Yes No

If Yes, Describe: _____

What are the applicants minimum internal written requirements for liability limits from aircraft owners/operators? _____

Non-Owned Extended Coverage Endorsement (aircraft liability)	INCLUDED
TRIA Coverage Endorsement	INCLUDED

Non-Owned Liability Limit Requested: _____

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO D.C. 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 of 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 insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.



NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA 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 MAINE 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 may include imprisonment, fines, or a denial of insurance benefits.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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 civil fines and criminal 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 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 also 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 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 OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 conceal 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 civil and criminal penalties.

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Signature: _____

Date: _____

Title: _____

The Applicant does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

