



Preferred Policyholder Insurance Application for Helicopter Operations

Name of Applicant: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Corporate Website: _____
 Email Address: _____

Applicant is: Individual Partnership Corporation LLC Other

Please explain if Other: _____

Business of the Applicant: _____

Your present aircraft insurance company: _____ Policy expires: _____

Has Applicant had any accidents or incidents? Yes No (If "Yes," please explain on Page 4.)

Has any insurer cancelled or refused to renew any aviation insurance for you or any of your pilots? Yes No
 (If "Yes," please explain on page 4.)

Do you need Workers' Compensation Coverage? Yes No

If "Yes," please have your Agent/Broker contact your servicing branch.

NBAA Member? Yes No HAI Member? Yes No

Aircraft Information (For Additional Aircraft, Attach Separate Sheet)

Year	Make & Model	FAA "N" No.	Capacity Crew Pass	Purchase Date	Purchase Price (with equipment)	Current Value	Standard Airworthiness	
					\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
					\$	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain any Airworthiness Certificate other than standard: _____

Aircraft usually based at: _____ Aircraft usually Hangared: Yes No

If private heliport, describe location, facilities, security:

Will aircraft be used anyplace other than FAA approved landing areas? Yes No

If "Yes," how often? _____

Give location and description of non-FAA approved landing areas: _____

Will rooftop landing areas be used? Yes No If "Yes," how often?

Give location and description of rooftop landing areas:

Will aircraft be used outside the continental United States? Yes No If "Yes," how often? _____

Describe operations outside the continental United States: _____

Describe normal area of operations:

Total Crew, including flight crew, medical, cable operators, etc.: _____

Does your flight department have a Certificate of Registration for the International Standard for Business Operations (IS-BAO)? Yes No

If "Yes," what stage have you completed? 1 2 3

Does your flight department have an implemented and active Safety Management System (SMS) in place? Yes No

Is your flight department using and viewing reports from a Flight Operations Quality Assurance (FOQA) or Flight Data Monitoring (FDM) system? If "Yes," please describe on page 4. Yes No

If "managed" aircraft, provide copy of contract/agreement between owner and operator.

Aircraft Ownership

If you do not own the aircraft by yourself, please list the names and addresses of co-owners, mortgagees and/or lessors:

FAA N#	Ownership Status	Name	Address	Lien Amount	Is a BOW required?
	<input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Co-Owner <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pilot Information

Data required on all pilots who will operate the aircraft.

Pilot No. 1							
Name: _____							
Age: _____							
Occupation: _____							
Last Medical Date: _____ Class: _____							
Last Flight Review Date: _____							
In Make/Model A/C: _____							
Date of last instrument proficiency check in insured aircraft: _____							
FAA Pilot Certificates Held: <input type="checkbox"/> Stu. <input type="checkbox"/> LSA <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <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:							
Rotor Wing							
This Make & Model		All Helicopters					
Total	Last 12 Mo	Total	Last 12 Mo	Piston Total	Turbine Total	Ret. Gear	Multi Eng.
Fixed Wing							
Total				Last 12 Months			
Initial/Recurrent/Transition Courses:							
Name of Facility		Make and Model			Date Attended		

Pilot No. 2							
Name: _____							
Age: _____							
Occupation: _____							
Last Medical Date: _____ Class: _____							
Last Flight Review Date: _____							
In Make/Model A/C: _____							
Date of last instrument proficiency check in insured aircraft: _____							
FAA Pilot Certificates Held: <input type="checkbox"/> Stu. <input type="checkbox"/> LSA <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <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:							
Rotor Wing							
This Make & Model		All Helicopters					
Total	Last 12 Mo	Total	Last 12 Mo	Piston Total	Turbine Total	Ret. Gear	Multi Eng.
Fixed Wing							
Total				Last 12 Months			
Initial/Recurrent/Transition Courses:							
Name of Facility		Make and Model			Date Attended		

EXPLAIN EACH "YES" ANSWER – With respect to each pilot:

- As pilot, any incidents, accidents or any citations for FAR violations or license limitations?
- Any physical impairments or limitations or waivers on Medical Certificate?
- Any felony convictions or license suspensions arising out of operation of a motor vehicle?
- Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?
- Will anyone, other than you or the pilots shown above, use your aircraft?

Please explain each "Yes" answer on page 4.

PILOT NO. 1 PILOT NO. 2

- Yes No Yes No
- Yes No Yes No
- Yes No Yes No
- Yes No Yes No
- Yes No Yes No

Aircraft Use

Check uses for which coverage is desired and indicate estimated annual hours for each category:

- | | |
|--|---|
| <input type="checkbox"/> Business and pleasure _____ hrs. | <input type="checkbox"/> Search and rescue _____ hrs. |
| <input type="checkbox"/> Industrial aid (corporate) _____ hrs. | <input type="checkbox"/> Traffic watch _____ hrs. |
| <input type="checkbox"/> Air ambulance, EMS _____ hrs. | <input type="checkbox"/> Pipeline/powerline patrol _____ hrs. |
| <input type="checkbox"/> Aerial application _____ hrs. | <input type="checkbox"/> Electronic news gathering _____ hrs. |
| <input type="checkbox"/> Instruction _____ hrs. | <input type="checkbox"/> Logging _____ hrs. |
| <input type="checkbox"/> Rental _____ hrs. | <input type="checkbox"/> Heli-skiing _____ hrs. |
| <input type="checkbox"/> Air taxi _____ hrs. | <input type="checkbox"/> Sightseeing/air tours _____ hrs. |
| <input type="checkbox"/> External load/slung cargo _____ hrs. | <input type="checkbox"/> Seismic oil/gas exploration _____ hrs. |
| <input type="checkbox"/> Offshore/oil rig _____ hrs. | <input type="checkbox"/> Fire fighting/fire support _____ hrs. |
| <input type="checkbox"/> Law enforcement/police _____ hrs. | <input type="checkbox"/> Movies/cinematography _____ hrs. |
| <input type="checkbox"/> In-flight pick up/delivery _____ hrs. | <input type="checkbox"/> Aerial photography _____ hrs. |
| <input type="checkbox"/> Forest service/BLM _____ hrs. | <input type="checkbox"/> Crew training _____ hrs. |
| <input type="checkbox"/> Other uses, explain: | |

Total Estimated Annual Utilization: _____ hrs.

Aircraft Maintenance

Will "OEM" flight-critical parts be utilized on your aircraft? Yes No

Will "OEM" parts be purchased from Bell (American Eurocopter) or a Bell (American Eurocopter) Customer Service Facility? Yes No

Will all maintenance be performed by personnel who have attended the Bell (American Eurocopter) Training Academy field maintenance course for each model, or at a Bell (American Eurocopter) Customer Service Facility by Bell (American Eurocopter) factory trained technicians? Yes No

Will all component repairs or overhauls be performed by personnel who have attended the Bell (American Eurocopter) Training Academy component repairs and overhaul course, or at a Bell (American Eurocopter) Customer Factory Service Facility by factory trained technicians? Yes No

Safety Equipment

Indicate the safety equipment currently on your aircraft:

- | | | | |
|------------------------------------|---------------------------------------|--|-------------------------------|
| Shoulder harness for all seats | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Crash resistant fuel systems | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Wire strike protection systems | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Skid snag protection | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Two axis stabilization system | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| IFR equipped | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Flotation/pop out floats | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Energy absorbing seats | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| GPS integrated ELT | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Fire extinguisher | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Collision avoidance lights/strobes | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| Belly lights/flood lights | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |
| High visibility rotor blades | <input type="checkbox"/> All Aircraft | <input type="checkbox"/> Some Aircraft | <input type="checkbox"/> None |

Indicate the coverages desired:

Coverage

Limits of Coverage

Combined Liability Coverage for bodily injury and property damage	\$ _____	Each Occurrence		
Combined Liability Coverage for bodily injury (except to passengers) and property damage	\$ _____	Each Occurrence		
Liability Coverage for bodily injury to anyone but passengers	\$ _____	Each Person	\$ _____	Each Occurrence
Liability Coverage for bodily injury to passengers only	\$ _____	Each Passenger	\$ _____	Each Occurrence
Liability Coverage for property damage	\$ _____	Each Occurrence		
Medical Coverage	\$ _____	Each Person		

Aircraft Physical Damage Coverage

1. FAA "N" Number: _____	\$ _____
2. FAA "N" Number: _____	\$ _____
3. FAA "N" Number: _____	\$ _____

Rotors not in-motion deductible _____ Rotors in-motion deductible \$ _____

CONTRACTS – Has applicant entered into any written agreements assuming the liability of others, such as *hangaring or storage agreement, maintenance agreement, engine lease, aircraft lease etc.*? Yes No

PLEASE FURNISH COPIES OF ALL CONTRACTS

Use this space for explaining "Yes" answers to previous questions.

NOTICE TO ARKANSAS 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 Authorities.

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 insurance company files a statement of claim 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 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 knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 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 OREGON 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. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation *and* that the information was either material to the risk assumed by the insurer *or* that the misinformation was provided fraudulently.

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 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 RHODE ISLAND 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 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 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a 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.

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Agency License Number in State of Policyholder's Address: _____

Individual Producer Name: _____

Individual Producer License Number in State of Policyholder's Address: _____

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: _____ Signature of Applicant: _____

