

Turbine Powered Aircraft Information

To be completed by chief pilot or director of flight operations and attach to USAIG All-Clear Aircraft Application

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

Name of Operator (if other than Applicant): _____

Flight Safety Foundation member? Yes No NBAA member? Yes No

Does your flight department have a Certificate of Registration for the International Standard for Business Aircraft Operations (IS-BAO)? Yes No
 If "Yes," what stage have you completed? 1 2 3
 Has your flight department met the requirements of a Business Aviation Safety Consortium (BASC) full-service member organization? Yes No
 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? Yes No
 If "Yes," please explain (more space can be found on page 3.)

Aircraft Information

Year, Make, Model	FAA No.	No. of Seats		Insured Value	Estimated Annual Hours		Hangared?	
		Pass.	Crew		Part 91	Part 135	Yes	No
1.				\$			Yes	No
2.				\$			Yes	No
3.				\$			Yes	No
4.				\$			Yes	No
5.				\$			Yes	No

Home Airport: _____
 Runway Length: _____
 Published Precision Instrument Approach? Yes No
 Are jet aircraft equipped with thrust reversers? Yes No
 Will aircraft be flown for hire? Yes No
 If "Yes," please explain (more space can be found on page 3.)

Has any aircraft been modified? Yes No Is there an agreement? Yes No Please attach, if any.
 Name and location of modifier: _____
 Average load factors: Aircraft #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
 Geographic areas aircraft usually operated within: _____

International operations? Yes No
 If "Yes," please explain (more space can be found on page 3.)

Any use of non-owned aircraft? Yes No
 If "Yes," please explain (more space can be found on page 3.)

Names and locations of vendors providing following services (including agreements if available)

Storage:		Agreement attached? Yes No
Fueling:		Agreement attached? Yes No
Airframe Maintenance:		Agreement attached? Yes No
Engine Maintenance:		Agreement attached? Yes No
Avionics Maintenance:		Agreement attached? Yes No

Contracts – Has applicant entered into any written agreements assuming the liability of others, such as *hanging or storage agreement, maintenance agreement, engine lease, aircraft lease, etc.?* Yes No
Please furnish copies of all contracts.

Has Applicant, Operator or Pilot had any accidents or incidents? Yes No
 If "Yes," please explain (more space can be found on page 3.)

Date insurance is to begin: _____
 Your present aircraft insurance company is: _____ Policy expires: _____

Pilot Information - Attach USAIG Pilot Record Form for each pilot named below.

Names of pilots employed Identify Pilot in Command and Second in Command		
1. _____	PIC	SIC
2. _____	PIC	SIC
3. _____	PIC	SIC
4. _____	PIC	SIC
5. _____	PIC	SIC

Chief Pilot is: _____
 Director of Flight Ops. is: _____

Does Applicant/Owner participate in formal flight training program for each insured aircraft? Yes No
 Name of School: _____
 Does school have visual flight simulator for each make and model? Yes No
 Will anyone other than the pilots named above operate the Applicant's aircraft? Yes No
 If "Yes," please explain: _____
 Will the aircraft always be flown with dual crew or are single pilot operations conducted? Single Dual
 If "Single," please explain: _____
 Does Applicant/Operator employ their own maintenance people? Yes No
 Have the maintenance personnel completed manufacturer's maintenance course? Yes No

Use this space for explaining Loss History.

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 felony and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 DELAWARE APPLICANTS; Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a felony 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 or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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 felony.

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 felony and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a felony 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a felony 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 felony 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 felony, 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 felony 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 felony and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a felony 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 felony 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 felony 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 felony 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 Name: _____

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: _____

