



Due with submission

# **APPLICANT INFORMATION**

Name of Applicant

# **AIRCRAFT INFORMATION**

**Chartered aircraft:** 

Number of flights per year:

Average number of employees per trip:

### **Detail by Aircraft:**

Year Built	Make and Model	Number of Engines	Fixed Wing or Rotary?	Annual Flight Hours	Is Aircraft Leased*, Chartered, Owned			Are Crew Members		Average No. Employees	FAA#	City/State Where the Aircraft is
		Eligilles	notary :	Flight Hours	or Private?	Crew	Passenger	r Employees?		Per Flight**		Normally Hangared
								Yes	No			
								Yes	No			
								Yes	No			
								Yes	No			
								Yes	No			

<sup>\*</sup> Leased aircraft: One that is not owned by the applicant and made available for the use of the applicant under the terms of a rental or lease agreement for a period of not less than 30 consecutive days.

Is there fractional ownership on any of the planes listed above? If so, please list the planes and the percentage of ownership.

<sup>\*\*</sup> Include the total number of crew and passenger seats normally occupied by employees, including pilots if they are employed by the insured.

Describe in detail the general use of each of the above airplanes. Include information about the frequency of trips and the origin and destination of trips.						
Provide the maintenance schedule of each of the above airplanes, specifically when was the last scheduled maintenance, what were the findings and how often is maintenance performed.						
If a helicopter is listed above, please complete the following questions:						
Is the craft owned and operated by the applicant or by an independent contractor?						
If by contractor, is applicant held harmless by contract terms?	Yes	No				
Number of flights per month:						
Number of employees on board: Maximum Minimum						
Number of pilots used in operation:						
Maximum continuous number of hours per week that a pilot is on call:						
Are there any restrictions about flying in bad weather or at night?  If yes, explain in detail.	Yes	No				
Average occupancy per trip:						
Geographical limits of flight exposure:						

# **PILOT INFORMATION**

# Type of Licenses and Ratings

Full Name	Age	Licenses Held	Career Hours	Hours In Covered Aircraft	Current Employee of the Applicant?			
Provide a chronological listing of the pilot's flight experience including training and past employment.								
Are all pilots employed only for the purpose	of being a c	ompany pilot?	Yes	No				
If no, explain in detail.	or bomig a o	ompany pilot.						
Has any pilot been cited for any violation or l		ed in any aircraft accident?						
If yes, explain in detail (include loss experier	nce).							