



RT Specialty  
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## **CORPORATE NON-OWNED AIRCRAFT INSURANCE APPLICATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance coverage is requested for an annual period beginning \_\_\_\_\_, \_\_\_\_\_

Current coverage expires: \_\_\_\_\_, \_\_\_\_\_. Current/Most recent carrier \_\_\_\_\_

Applicant is: \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership (Name each partner) \_\_\_\_\_ Other: \_\_\_\_\_

Business of Applicant: \_\_\_\_\_

Non-Owned Aircraft (List year, make, and model of aircraft which may be used by the applicant in the next 12 months.): \_\_\_\_\_  
\_\_\_\_\_

### **NON-OWNED AIRCRAFT USE: State annual FLYING HOURS of Non-Owned aircraft used in business of applicant.**

Rented aircraft and use of employee-owned aircraft last year (Hours) : \_\_\_\_\_ estimated next year.

Chartered aircraft with non-employee pilots last year: \_\_\_\_\_ estimated next year: \_\_\_\_\_

Average number of passengers per trip: \_\_\_\_\_ Are passengers usually guests or employees? \_\_\_\_\_

Number of branch offices: \_\_\_\_\_ Total number of employees: \_\_\_\_\_ Number whose regular duties require aircraft travel: \_\_\_\_\_

Number of employees who are pilots: \_\_\_\_\_ Number employed in pilot capacity: \_\_\_\_\_

Number of employees who own aircraft: \_\_\_\_\_ Number of these aircraft used on company business: \_\_\_\_\_

Number of aircraft owned by company: \_\_\_\_\_ Makes and Models: \_\_\_\_\_

Do you have a regular place where you rent/charter aircraft from? \_\_\_\_ Yes \_\_\_\_ No

Any charters or rentals for more than seven consecutive days? \_\_\_\_ Yes \_\_\_\_ No

Any use of jets, helicopters, or aircraft over eight-place including crew? \_\_ Yes \_\_ No

If so, where? \_\_\_\_\_ What limit of liability do they carry?  
\$ \_\_\_\_\_

**Explain each "Yes" answer on reverse**

**PILOTS:**

Does any employee or officer fly on behalf of the insured? \_\_\_\_Yes \_\_\_\_No

If so, advise the Liability Limits provided by owner, flying club, or fixed base operator: \$\_\_\_\_\_

Does the applicant receive a Certificate of Insurance naming them as additional insured under this coverage? \_\_\_\_Yes  
\_\_\_\_No

**If any employee or officer flies on behalf of the insured  
PLEASE ATTACH A COMPLETED PILOT HISTORY REPORT .**

**USES:**

Will the applicant make any charge to others for use of the aircraft? \_\_\_\_Yes \_\_\_\_No

Will aircraft be used for other than transportation of persons (such as hunting, patrol, research, etc.)? \_\_\_\_Yes \_\_\_\_No

Will aircraft be operated at other than paved public airports or outside the continental U.S.? \_\_\_\_Yes \_\_\_\_No

Where?\_\_\_\_\_ Purpose?\_\_\_\_\_

Frequency?\_\_\_\_\_

Will aircraft be used for student or pilot instruction? \_\_\_\_Yes \_\_\_\_No

**Explain each "Yes" answer on reverse**

**NON-OWNED LIABILITY COVERAGE: State Limits of Liability desired.**

<b>COVERAGE</b>	<b>EACH PERSON</b>	<b>EACH OCCURRENCE</b>
Bodily Injury Liability Excluding Passengers	\$	\$
Property Damage Liability	XXXXXXXXXX	\$
Passenger Bodily Injury Liability	\$	\$
SINGLE LIMIT Bodily Injury/Property Damage (Check One) Passengers Included    Passengers Excluded	XXXXXXXXXXXX	\$

**NON-OWNED PHYSICAL DAMAGE LIABILITY COVERAGE: State Limits of Liability desired**

Hull Values		\$
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**LOSS HISTORY & PREVIOUS AVIATION INSURANCE:**

Has the applicant had any aircraft/aviation losses or claims during the last five years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any insurer canceled, declined, or refused to renew any aviation insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Explain each "Yes" answer on reverse.**

I/We authorize RT Specialty to represent me/us in the placing of this insurance. All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed, and I agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer.

**Fraud Warning:** 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.

Date: \_\_\_\_\_

Authorized Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_