

# FIXED BASE OPERATOR AIRCRAFT INSURANCE APPLICATION



RT Specialty  
 12404 Park Central Suite 380  
 Dallas, Texas 75251  
 Phone: 214-865-7200  
 Fax 214-855-7794

**Name of Applicant:**

**Address:**

**Form of Business:** ( ) Corporation ( ) Individual ( ) Partnership ( ) Joint Venture ( ) Other (Describe)

**FBO manager's name:**

**FBO manager's length of experience in aviation operations:  
 How long has the manager been employed by applicant?**

**Applicant's aircraft will be operated for the following purposes:**

Yes	No		Estimated Annual Flight Hours	Yes	No		Estimated Annual Flight Hours
		Rental of aircraft.				Transportation of hazardous materials.	
		Instruction by flight instructors employed by applicant.				Sky diving.	
		Instruction by independent flight instructors.				Banner towing.	
		Aerobatic instruction.				Air shows, contests, or exhibitions.	
		Passenger or property carriage for compensation or hire *				Aerial photography and survey.	
* If "Yes" attach copy of applicant's air taxi certificate and operations speculations.						Local sightseeing	
		Cargo, package, or check operations				Glider towing.	
		Sales Demonstration of aircraft.				Crop dusting, seeding, or spraying.	
		Private business of application/aircraft owner.				Powerline or pipeline patrol.	
		Air ambulance or air hearse			Other Describe		
		College or technical school flight training			Other Describe		
		ROTC flight training.			Other Describe		

**Attach a description of the minimum ratings and flight experience that you require for pilots to operate each type of aircraft:**

**SUPPLEMENTAL QUESTIONS:**

	Yes	No
Are there any employed of renter pilots of leaseback owner pilots who do not meet you regular minimum for ratings or flight experience for a specific aircraft? If "yes" please describe:		
Do renter pilots complete a written test for each make and model rented?		
Do you use written checkout forms to record maneuvers and pilot performance during the rental flight checkout?		
Are copies of pilot's license, medical and ground and flight checkout forms maintained on file?		
Do renters sign a rental agreement for each flight? If "yes" attach a copy of the agreement.		
Do you allow aircraft to be rented at night? ( ) Yes ( ) No In all conditions? ( ) Yes ( ) No		
Describe aircraft key control and dispatching procedures:		

What procedures do you use to monitor the location of your aircraft?

How many pilots does the applicant employ full time? / part time?

Are charter operations single pilot or dual pilot?  
 All charter operations have a dual pilot crew.  Dual pilot crews are used only when required by regulation.  
 Other (Describe):

Who owns the FAR 135 operating certificate you operate under?

**NON-OWNERSHIP**  
Applicant will operate aircraft NON OWNED by the applicant for the following purposes:

Yes	No		Estimated Annual Flight Hours	Yes	No		Estimated Annual Flight Hours	
		Dual Instruction in customer's aircraft				Furnishing crew to operate aircraft owned by others.		
		Delivery or ferrying of non-owned aircraft.				Sales Demonstration of aircraft on consignment.		
		Test flying on non-owned aircraft after maintenance.		Other (Describe)				
Do you require customers of these services to include you as an insured on their aircraft insurance and supply a certificate of insurance?							Yes ( )	No ( )
Do you require customers of these services to hold you harmless by written agreement for damage to their aircraft?							Yes ( )	No ( )
Do you have a standard pilot service agreement?				Yes ( )	No ( )	If "Yes" attach a copy.		
Do you charter non-owned aircraft for company business?				Yes ( )	No ( )	If "Yes", describe usage or attach Non-Owned Application		
Do you use or anticipate using any non-owned aircraft with 25 or more seats? If "Yes" please describe:							Yes ( )	No ( )

**GENERAL INFORMATION**

How many years has the applicant been in business under the same ownership and management?

Does applicant operate lease-back aircraft?  Yes  No If "Yes" attach copy of standard lease-back agreement.

Does applicant operate any aircraft on a long term basis (over 30 days) which are not listed in the following Schedule of Aircraft?  
 Yes  No If "Yes", please describe:

Is the applicant's flight school certified in accordance with FAR Part 141?  Yes  No

Does applicant have business operations of aircraft positioned at other airports or locations?  Yes  No If "Yes", please describe:

Will applicant's aircraft be operated outside the U.S. or Canada?  Yes  No If "Yes", please describe type of operation, aircraft and area:

Who performs maintenance on applicant's aircraft?

**AIRCRAFT LIABILITY AND HULL INSURANCE NOW IN EFFECT:**

Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverage, limits and deductibles:

Number of years applicant has been insured by current insurance company

Has any insurer canceled or refused to renew the applicant's insurance?  Yes  No If "Yes", please describe:

**LOSS EXPERIENCE:** List all aircraft hull and liability claims in the last five years. Attach separate sheet if necessary. Attach Insurance

Company loss runs if available.

Date	Description	Losses			
		Paid	Reserved	Expenses	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

**COVERAGE AND DEDUCTIBLE REQUESTED**

Aircraft liability Limit	\$	Combined single limit each occurrence. Sublimit each passenger.	
Renter Pilot liability limit	\$	Combined single limit each occurrence. Sublimit each passenger.	
In flight hangarkeeper's liability limit.	\$	Each Aircraft	\$ Aggregate
In flight hangarkeeper's deductible	\$	Deductible	
Owned aircraft physical damage deductibles:	\$	Not in motion	\$ In motion

Are any alternative quotes requested for ( ) Coverages? ( ) Limits? ( ) Deductibles? If so please describe below:

What is the maximum value of any one aircraft likely to be covered under the policy in the next twelve months? \$

Insurance is requested from: 12:01 A.M. to 12:01 A.M. Standard time at address of applicant.

**ADDITIONAL COMMENTS OR DESCRIPTIONS.**

Is there any other pertinent information, or potential change in exposures which will materially affect this risk?

( ) Yes ( ) No If "Yes", please describe:

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We 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. I hereby authorize the insurer to investigate all or any qualifications and/or statements contained herein.

**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 hereto commits a fraudulent insurance act, which is a crime.

I/We authorize \_\_\_\_\_ to represent me/us in placing this insurance.

Date: \_\_\_\_\_ Applicant's Signature (s): \_\_\_\_\_ Title: \_\_\_\_\_

**THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE INSURANCE.**