TURBOPROP & TURBO-JET AVIATION INSURANCE APPLICATION

	RT Specialty 14643 Dallas Parkway, Sui	ite 700	Agent or Broker		
	Dallas, Texas 75254		Address		
	Phone: 972-818-409				
	Fax 972-818-4088 www.blaisaviation.cor	-	Phone:		
ANDREWS	www.biaisaviation.com	<u>11</u>	Fax:		
WE'VE GOT YOU COVERED			E-Mail:		
Name of Applicant & Address:		Current I	nsurance Company:		
E-Mail Address:		Effective	Date:		
Business or occupation of applicant:					
Applicant is: () Individual () Corporation () Partnership () Other (please explain)					
Insurance is requested from: 12:01 AM to 12:01 AM					
Phone: Business ()	Phone: Fax ()		E-Mail:		
			·		

COVERAGES AND LIMITS

COVERAGES AND LIMITS		
LIABILITY COVERAGE	LIMITS OF	LIABILITY
Combined Single Limit Bodily Injury and Property Damage,		
() Including Passengers () Excluding Passengers	\$	Each Occurrence
Guest/Passenger Voluntary Settlement	\$	\$
	Each Crew Member	Each Non-Crew Member
Medical Payments:cluding Crew	\$ Each Perso	n

PHYSICAL DAMAGE COVERAGE		Deductible () Nil			Aircraft usually based at (Airport/s)	
				_		
			() Other	\$		
					Hangared ()	Tied Down ()
Aircraft	FAA Number	Seating C	apacity	Insured Value	Estimated	ls War Risk
Year, Make & Model					annual flight	Coverage to be
		Crew	Other		hours	required?
1.				\$		()Yes()No
2.				\$		()Yes()No
3.				\$		()Yes()No
						, , , ,
4.				\$		() Yes () No
			I			

Attach separate sheet for additional aircraft if necessary



Aircraft No.	Applicant is Sole Owner	Applicant is Owner with lien	Applicant is Lessee	If aircraft is encumbered, please provide name and address of lienholder		Amount of encumbrance (excluding interest and finance charges)	Will Lienholder's Interest be required by lienholder?
							()Yes () No
							()Yes () No
							()Yes()No
							()Yes () No
		s, or other air rate lien or mo	craft related to	ools or	() Yes () No	If "yes" please describe.	
AIRCRAFT	OPERATIO	NS					
Address of F							
, tadrood or r	ngni Bopanin	Ont.					
	•	as established					
Please describe all uses of aircraft (typical and anticipated destinations, personnel carried, trip frequency, annual hours of operation, etc.)							
Average Load Factors: Aircraft #1. #2. #3. #4.							
Do the aircraft carry passengers or perform other operations for a charge? () Yes () No If "yes" please provide copy () FAR PART 135 () FAR PART 91.501 () Other (describe)							
Area of aircraft operation: () U.S.A. () Canada () Mexico Other countries (please list)							
Are flights made to U.S. Military installations? () Yes () No							
Is there a company flight operations manual which outlines aircraft policies and procedures? () Yes () No If "yes" please provide a copy							
Has Applicant signed any agreements or contracts assuming liability to others in respect to aircraft operations? () Yes () No If "yes" please provide a copy							
Is Applicant	a member o	of: () NBA	A () CBB	A () HA	I()Flight Safety	y Foundation	
Are there any Dry Leases for this aircraft? ()Yes ()No If Yes provide details. (How many? 3rd Party?)							



PILO [°]	TS		W E ' V E G	OT YOU CO	OVERED						
					ears em	ployed by	/ applica	int			
Does	applicant use co	ntract pilots? ()Y	es () No								
List al	l pilots who oper	ate Applicant's aircr	aft and ATTACH PILOT C	QUESTI	ONAIRE	S FOR E	ACH PII	LOT, bo	oth emplo	yed and cor	ntract.
	OF PILOT	Date of Birth	Certification (s) & Ratings Please List	Medic Certifi Date		Hours I All Airc Total				nand Ind Model Iast 90 days	12 mos
1.											
2.											
3.											
4.											
5.											
6.											
Pilot #	FAA Certificat	e Number Date L	ast Biennial Flight Review	Deta	ils of othe	er proficier	ncy trainir	ng	Na	ame of Facility	
1.											
2.											
3.											
4.											
5.											
6.											
Are a	ny aircraft ope	rated with a single	pilot crew? () Yes	() No	. If "Ye	s", please	e describ	oe			
	NING										
Ту	pe of Aircraft	Training Program		/ \		luency			Nam	e of Facility	
Simulator based flight and ground school Contracted outside service In-house ground & Flight using fleet aircraft			()	Initial 6 Mos. Other	() 12 N	los.					

) Initial

) Initial

) Other

) Initial

Other

) 6 Mos. () 12 Mos.

) 6 Mos. () 12 Mos.

Simulator based flight and ground school

Simulator based flight and ground school

Simulator based flight and ground school

In-house ground & Flight using fleet aircraft

In-house ground & Flight using fleet aircraft

Contracted outside service

Contracted outside service

Contracted outside service	() 6 Mos. () 12 Mos
In-house ground & Flight using fleet aircraft	() Other	



MAINTENANCE

Does Applicant perform its	own: Maintenance? ()	Yes () No	o If "Yes" name of Ma	aintenance Supervisor:
	Interval inspections? ()	Yes () No	`	
	interval inspections: ()	165 () 140	,	
	Hot sections? ()	Yes () No	Number of years in	n this position:
	ance personnel completed ma	anufacturer's	maintenance schools f	for aircraft to be insured?()Yes()No
If "yes", please describe:				
	ce personnel receive any recu	urrent training	j? () Yes () No	
If "yes", please describe:				
	r any special maintenance pr	ogram? ()	Yes () No	
If "yes", please describe:				
	ce personnel service, maintair	n, or repair ai	rcraft belonging to other	ers? () Yes () No
If "yes", please describe:				
Description of special or e	xtra equipment installed on ai	rcraft and spa	ares inventory:	
Aircraft special equipment	· ·		Value \$	
Spare parts inventory:			Value \$	
Spare Engines:			Value \$	
Names and locations of ou Service Provided	utside venders providing the fo Name of		ices (including agreem	ents if available) Agreement Status
Storage	Name or	venuei		() Agreement attached
				() No Agreement
Fueling				() Agreement attached
Fueiling				() No Agreement
				` ,
Airframe Maintenance				() Agreement attached () No Agreement
				() No Agreement
Engine Maintenance				() Agreement attached
				() No Agreement
Avionics Maintenance				() Agreement attached
				() No Agreement



NON-OWNED AIRCRAFT

Applicant's business? () Yes () No If "yes", plea	Applicant's flight department) pilot aircraft not owned by the Applicant on ase describe:
Does the Applicant charter other aircraft for company	business? () Yes () No If "yes", please describe:
Does Applicant use or anticipate using any non-owner	d aircraft with 25, or more seats?()Yes()No
Does Applicant anticipate use of temporary substitute If "Yes", please describe.	aircraft during servicing or maintenance of insured aircraft? () Yes () No
PREMISES	
Location of all premises used in flight operations:	
Type of Construction of hangar:	Is hangar sprinklered?()Yes()No
Hangar is: () Owned () Leased/Rented Na	ame of Landlord
Does Applicant have any retail fuel and oil sales? () Yes () No Annual Sales \$
Does Applicant hangar, tie-down, or move any aircraft If "Yes", please describe.	t belonging to others? ()Yes ()No
LOSS HISTORY	
Has Applicant had any accidents or aircraft related inc	cidents? () Yes () No If "Yes" Please explain below:
Use this space for answering questions. Atta	ach sheet if necessary
that this application and the terms and conditions of the polic herby authorize the insurer to investigate all or any qualificat FRAUD WARNING: Any person who knowingly and with inte	ent to defraud any insurance company or other person who files an application for insurance ne purpose of misleading, information concerning any fact material hereto commits a
Date: Applicant's Signature (s):	
	5

