



TRANSPORT RISK
TRANSPORT RISK MANAGEMENT Inc.

Name of Applicant _____

Address _____

Name of Operator (if other than Applicant) _____

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

Does flight operations manual of Applicant/Operator conform with NBAA guidelines? Yes No

If "managed" aircraft, provide copy of contract/agreement between owner and operator.

Aircraft Information

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

Home Airport _____

Runway length _____

Published Precision Instrument Approach? No Yes _____

Are jet aircraft equipped with thrust reversers? No Yes _____

Will any aircraft be flown for hire? No Yes (Explain on reverse side)

Has any aircraft been modified? No Yes (Name and location of modifier) _____

Agreement attached No Agreement

Average load factors: Aircraft #1. _____ #2. _____ #3. _____ #4. _____ #5. _____

Geographic areas aircraft usually operated within _____

International operations? No Yes _____

Any use of non-owned aircraft? No Yes (Explain on reverse side)

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

Storage _____ Agreement attached No Agreement

Fueling _____ Agreement attached No Agreement

Airframe maintenance _____ Agreement attached No Agreement

Engine maintenance _____ Agreement attached No Agreement

Avionics maintenance _____ Agreement attached No Agreement

Has Applicant or Operator had any accidents or incidents? No Yes (Explain on reverse side)

Date Insurance is to begin _____ Date of Application ____ / ____ / ____

Signature of Applicant _____ Title _____

Names of pilots employed identify command pilot with "C" and co-pilot with "S"	Age	Pilot Certificates and Ratings							Total Logged hours as Pilot-in-Command				
		PVT	COMM	ATP	AMEL	INST	ROTOR	OTHER	TYPE RATINGS	Turboprop	Jet	Rotor	Make/model insured A/C
1.													
2.													
3.													
4.													
5.													

Does Applicant/Operator participate in formal flight training program for each insured aircraft? No Yes

Name of school _____

Date last completed by each pilot _____

Does school have visual flight simulator for each make and model? No Yes

Has each pilot completed manufacturer's ground and flight school for the make and model of aircraft?

	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date last attended
Pilot #1.	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Pilot #2.	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Pilot #3.	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Pilot #4.	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____
Pilot #5.	<input type="checkbox"/>	<input type="checkbox"/>	____ / ____ / ____

Please provide a copy of latest manufacturer's school completion certificate for each pilot

Will anyone other than the pilots named above operate the Applicant's aircraft? No Yes

Explain "Yes" _____

Does Applicant/Operator employ their own maintenance people? No Yes

Have the maintenance personnel completed manufacturer's maintenance course? No Yes

Loss History

Use this space for answering questions. Attach sheet if necessary.

Chief pilot is _____ Director of Flight Ops. is _____

Date ____ / ____ / ____

Signature of Chief Pilot or Director of Flight Ops. _____

