



TRANSPORT RISK
TRANSPORT RISK MANAGEMENT Inc.
Phone: 720.208.0844 Fax: 720.208.0845

NON-OWNED AIRCRAFT INSURANCE APPLICATION

Name of Applicant: _____

Address: _____

Quotation for the following insurance is requested for an annual period beginning _____
The following insurance is requested for an annual period beginning _____

Present insurance expires _____

APPLICANT IS: Individual Corporation Partnership (name each partner) _____

Business Applicant is: _____

NON-OWNED AIRCRAFT - List year, make and model of aircraft which may be used by applicant in next 12 months

IF MORE THAN TWO PILOTS, PRINT/SUBMIT SEPARATE SHEET

PILOTS Information required on an individual applicant and on each pilot employee of a company applicant.

NAME	AGE	OCCUPATION	YEAR LEARNED TO FLY	DATE OF LAST BIENNIAL	DATE OF LAST MEDICAL
FAA PILOT CERTIFICATE AND RATINGS NOW HELD	STU PVT <input type="checkbox"/>	COM'L ATR <input type="checkbox"/>	CFI OTHER <input type="checkbox"/>	ASEL AMEL <input type="checkbox"/>	ASES AMES <input type="checkbox"/>
			INSTRUMENT OTHER <input type="checkbox"/>	CERT NUMBER	DATE OF ISSUE

Pilot-in-Command Experience by MAKE and MODEL of AIRCRAFT	TOTAL HOURS	TOTAL HOURS LAST 12 MONTHS	TOTAL HOURS EST. NEXT 12 MONTHS	TOTAL HOURS LAST 90 DAYS	TOTAL HOURS INSTRUMENT
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With respect to each pilot:

As pilot - any accidents, any citations for FAR violations or any license limitations?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Any physical impairments or limitations or waivers on Medical Certificate?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Any felony convictions or license suspensions arising out of the operation of a motor vehicle?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Any arrests for operation of a motor vehicle recklessly or under the influence of alcohol or drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

EXPLAIN EACH "YES" ANSWER ON A SEPARATE SHEET

USES

Will applicant make any charge to others for use of the aircraft?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Will aircraft be used for other than transportation of persons (such as hunting, dusting, patrol, research, etc.)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Will aircraft be operated at other than paved public airports or outside the continental U.S.?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Where? _____ Purpose? _____	Frequency? _____	
Will aircraft be used for student pilot instruction?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

EXPLAIN EACH "YES" ANSWER ON A SEPARATE SHEET

Name of trainee(s) _____ Instructor _____ Flight School _____

COMPANY applicants: State annual flying hours of Non-Owned aircraft used in business applicant:

(a) Rented aircraft and use of employee owner aircraft - last year _____ ; estimated next year _____
 (b) Chartered aircraft with non-employee pilots - last year _____ ; estimated next year _____

Average number of passengers each trip? _____ ; are passengers usually guests or employees? _____

Number of branch offices? _____ . Total number of employees? _____

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: _____

Number of employees whose regular duties require aircraft travel? _____ Any charters or rentals for more than seven consecutive days? NO YES

Any use of jets, helicopters or aircraft over eight-place including crew? NO YES
EXPLAIN EACH "YES" ANSWER

LIABILITY COVERAGE	STATE LIMITS OF LIABILITY DESIRED	EACH PERSON	EACH OCCURRENCE
Bodily Injury Liability Excluding Passengers	_____	\$ _____	\$ _____
Property Damage Liability	_____	X X X _____	\$ _____
Passenger Bodily Injury Liability	_____	\$ _____	\$ _____
SINGLE LIMIT BI, PD. Passengers Included <input type="checkbox"/>	_____	X X X _____	\$ _____
Passengers Excluded <input type="checkbox"/>	_____		

LOSS HISTORY and PREVIOUS AVIATION INSURANCE Explain each "YES" answer

Has any applicant had any aircraft/aviation losses/claims during last five years? NO YES

Has any insurer canceled, declined or refused to renew any aviation insurance? NO YES

Name of last or present aircraft insurance company: _____

I/We authorize the following agent or broker to represent me/us in the placing of this insurance:

name and address of agent or broker

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until a carrier effects a binder of insurance or issues a policy.

Date _____ 20 _____ X _____

PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE IS REQUIRED