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WESTCHESTER FIRE INSURANCE COMPANY

NON-OWNED AIRCRAFT HULL & LIABILITY APPLICATION

This application does not commit the Insurer to any liability nor make the Applicant liable for any premium unless and until Westchester Fire Insurance Company specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by Westchester Fire Insurance Company.

EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1. Name and Address of Applicant: _____

2. Coverage to be effective from: _____ to: _____
Both days at 12:01 a.m. Standard time at address of Applicant

3. Business or occupation of Applicant: _____

4. Applicant is a corporation, partnership or individual? _____

If a corporation or partnership, please give the names of your officers or partners.

5. What coverage do you want for your liability to other people? Please check the appropriate coverage box below and insert the limit of liability you want.

Coverages	Limits of Liability	
	Each Person	Each Occurrence
<input type="checkbox"/> A. Bodily Injury, excluding passengers	\$ _____	\$ _____
<input type="checkbox"/> B. Property Damage	\$ <u>XXXXXXXXXX</u>	\$ _____
<input type="checkbox"/> C. Bodily Injury to passengers	\$ _____	\$ _____
<input type="checkbox"/> D. Single Limit; Bodily Injury & Property Damage	\$ <u>XXXXXXXXXX</u>	\$ _____

If Coverage D is checked above, do you want to include coverage for Bodily Injury to passengers?

Yes No

	<u>Make & Model</u>	<u>Maximum No. Of Pass. Seats Installed in the Aircraft Used</u>	<u>Annual Hrs. Flown in Non-owned Acft. where you provide the Pilots</u>	<u>Annual Hours Flown in Non-owned Aircraft where You do NOT Provide the Pilots</u>
A Fixed Wing	1) _____	_____	_____	_____
	2) _____	_____	_____	_____
	3) _____	_____	_____	_____
B Rotorwing	1) _____	_____	_____	_____
	2) _____	_____	_____	_____
	3) _____	_____	_____	_____

7 Do you want to purchase coverage to protect your liability for physical loss of or damage to the Non-owned aircraft that you are using? Yes No

If yes, please complete the following:

A. What is the maximum value of a Fixed Wing Aircraft used in Item 6A. above: _____

What is the average value of a Fixed Wing Aircraft used in Item 6A. above: _____

B. What is the maximum value of a Rotorwing Aircraft used in Item 6B. above: _____

What is the average value of a Rotorwing Aircraft used in Item 6B. above: _____

8. Please fill in the answers to the following questions:

	<u>When you Provide The Pilots</u>	<u>When you do Not Provide the Pilots</u>
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A. Do you require the Aircraft Owner to have his Policy endorsed to name you as an additional Insured under the Liability Section of his policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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B. Do you require the Aircraft Owner to have his Policy endorsed to recognize that his Insurers Waive their rights of subrogation against you For physical loss of or damage to the aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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C. If you have answered "No" to any of the above, please advise what steps you intend to take, to change the answer to "Yes".

D. What minimum limits of liability do you require the owner of the aircraft to carry?

E. Do you normally rent aircraft from a particular operator? Yes No

If so provide name and details of their insurance and how it protects you.

9 Do you expect any flights offshore? If so, details Yes No

10 For what purposes do you use non-owned aircraft? Please check the box that best describes your use, or check box (f) and describe any special uses not included in (a) through (e)

- (a) "PLEASURE AND BUSINESS" means personal, pleasure, family and business use
- (b) "INDUSTRIAL AID" includes the uses shown in "Pleasure and Business", but only when piloted by professional pilots employed for this purpose.
- (c) "CHARTER COMMERCIAL" includes the uses shown in "Industrial Aid" and in addition the transportation of passengers and cargo for compensation
- (d) "INSTRUCTION AND RENTAL" includes the uses shown in "Industrial Aid" and in addition the instruction of others and rental to others for their "Pleasure and Business" or "Industrial Aid" use
- (e) "COMMERCIAL" includes all uses shown in "Industrial Aid", "Instruction and Rental" and "Charter Commercial", but does not include any other use
- (f) _____

11 If you are providing the pilots, each of the pilots who will fly your aircraft must fill out the attached pilot history form.

12 Who is your current insurer? _____

13 When does the policy expire? _____

14 Have you or has anyone else claimed against your aircraft insurance in the last 60 months?

If you answer is "yes", please give details: Yes No

15 Has any insurer cancelled or refused to renew your aircraft insurance? Yes No

If you answer is "yes", please give Insurer's name, and the reason and date:

16 Will the Non-owned aircraft fly to Alaska, Hawaii or into any country outside the U S A ? Yes No
If the answer is "yes", please give destinations and number of trips anticipated in the next year:

All particulars herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed and 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.

If you are a resident of the State of New York, please sign your name in the "applicant's signature" space and insert the date under part (B) Residents of all other states should sign in the "applicant signature" space and insert the date under part (A).

A) I confirm that all the information given in this application is true and complete to the best of my knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the Insurer shall be the basis of any contract between me and the Insurer.

Applicant's Signature: _____

Title _____ Dated: _____

B) New York State Insurance Department – Regulation 95

New York Applicants:

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime

Applicant's Signature: _____

Title _____ Dated: _____

The following must be completed by Agent or Broker before Policy can be issued:

Name/Address of Agent or Broker: _____

Are you licensed in the state where the Insured is located as: _____ Surplus Lines Broker

_____ Agent

PILOT INFORMATION

Data required on all pilots who will operate the aircraft. If more than one pilot, copy and attach separate sheet(s).

PILOT NO. 1

Name _____

Birth Date ____/____/____ Social Security No _____

Occupation _____

Year learned to fly _____

Date of last BFR ____/____/____ Last Medical ____/____/____

FAA Pilot Certificates held Student Private Commercial ATP CFI
 Other _____

Certificate No _____ Insured Date ____/____/____

Ratings: ASEL AMEL ASES Instrument Rotorcraft
 Other _____

Pilot In Command Hours

All Aircraft			This Make & Model		Piston Rotorcraft	
Total	Last 12 Mos.	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days

Turbine Rotorcraft		Fixed Wing S/E Retractable Gear		Fixed Wing S/E Fixed Gear		Fixed Wing Multi-Engine	
Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days	Total	Last 90 Days

Refresher/Transition Courses: Describe and give dates of last courses attended.

Accidents or violations: Describe and give dates

Pilot Signature: _____

Date: _____