NON-OWNED AIRCRAFT INSURANCE APPLICATION

RETURN TO:

W. BROWN & ASSOCIATES INSURANCE SERVICES
Aviation Managers for XL Specialty Insurance Co.
19000 MacArthur Boulevard, Suit 700
Irvine, CA 92612

PRODUCER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP** _____
PHONE: _____ **FAX:** _____

PLEASE CHECK WHICH IS DESIRED QUOTE INSURANCE

Name of Applicant: _____

Address: _____

Insurance coverage is requested for an annual period beginning: _____, 20_____

Current coverage expires: _____, 20_____

Current / Most recent Insurer: _____

Applicant is: Individual Corporation Partnership (Name each partner on reverse) Other
Business of Applicant: _____

Non-Owned Aircraft (List year, make, and model of any aircraft that will be used by the applicant in the next 12 months.):

_____

NON-OWNED AIRCRAFT USE: State annual flying hours of Non-Owned aircraft used in business of applicant.

a. Rented aircraft and use of employee-owned aircraft last year: _____ Estimated next year: _____
b. Chartered aircraft with non-employee pilots last year: _____ Estimated next year: _____
Average number of passengers per trip: _____ Are passengers usually guests or employees? _____
Number of branch offices: ___ Total number of employees: ___ Number whose regular duties require aircraft travel: ___
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: _____
Any charters or rentals for more than seven consecutive days? No Yes
Do you plan to use any jets, helicopters, or aircraft over 8-place including crew? No Yes
Explain each "Yes" answer on reverse.

PILOTS

Does any employee or officer fly on behalf of the applicant? No Yes
If so, what Liability Limits are provided by owner, flying club, or fixed base operator: $_____
Does the applicant receive a Certificate of Insurance naming them as additional insured? No Yes
Note: If any employee or officer flies on behalf of the insured, please attach a completed pilot history form.

LIABILITY COVERAGE Indicate Desired Limits OF Liability Coverage)

COVERAGE	EACH PERSON	EACH OCCURRENCE
Bodily Injury Liability Excluding Passengers	$	$
Passenger Bodily Injury Liability	$XXXXXX	$
Single Limit Bodily Injury / Property Damage (Check One) ____ Passengers Included ____ Passengers Excluded	$XXXXXX	$

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE

Has the applicant had any aircraft / aviation losses or claims during last five years? No Yes

Has any insurer canceled, declined, or refused to renew any aviation insurance? No Yes

Explain each "Yes" answer on reverse

All information provided herein is true and complete to the best of my / our knowledge and no information has been withheld or suppressed. I / we agree that this application and the terms and conditions of the policy used by the insurer shall be the basis of any contract between me / us and the insurer This application does not impose any liability upon W. Brown & Associates or any insurer unless they agree to effect this the insurance. **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 thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Signature: _____ **Title**: _____ **Date**: _____

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