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## NON-OWNED AIRCRAFT LIABILITY

### General Information

Proposed Effective Date: \_\_\_\_\_

Student     Rated Pilot     CFI

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation \_\_\_\_\_ Years in Occupation? \_\_\_\_\_ Years at Current Job Location \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location of Aircraft you operate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location of Aircraft you operate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Desired Insurance

Liability Coverage	Limits of Liability Requested	
	Each Person	Each Occurrence
<input type="checkbox"/> Bodily Injury Liability Excluding Passengers	\$	\$
<input type="checkbox"/> Property Damage Liability	N/A	\$
<input type="checkbox"/> Passenger Bodily Injury Liability	\$	\$
<input type="checkbox"/> Single Limit including Passengers	XXXXX	\$
<input type="checkbox"/> With Passenger Liability Limited to:	\$	XXXXX
<input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> Included <input type="checkbox"/> Excluded	\$	\$
Other Liability (specify): _____	\$	\$
Physical Damage to Non-Owned Aircraft	Each Aircraft \$	Deductible \$

### Aircraft Information

Non-Owned Aircraft Use				
Show all types of aircraft used by or on behalf of Applicant for the last 12 months.				
Type of Aircraft	Operator	Limits Carried	Actual Hours Used	Estimated Hours of Used
Rented Aircraft (Aircraft rented and piloted by you or by your employees)				
Employee Operated Aircraft (Aircraft owned or operated by your employee and flown on company business)				

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- Show all Aircraft uses by or on behalf of Applicant. Must total 100%
  - \_\_\_\_\_ % Corporate executive (Flown by professional pilots employed for this purpose and used to transport your employees and guests.
  - \_\_\_\_\_ % Pleasure or business (Not flown by professional pilots employed for this purpose)
  - \_\_\_\_\_ % Commercial (Flights made for hire, money, or, any form of reward or compensation)
  - \_\_\_\_\_ % Other (Describe all uses not shown above) \_\_\_\_\_
  - \_\_\_\_\_ % **Total**
- Are any Non-Owned Hot Air Balloons, Blimps, Military Surplus, Ultra-Lights, or Home Build Aircraft used?  Yes  No  
If yes, explain: \_\_\_\_\_
- Describe all navigation outside the United States and Canada: \_\_\_\_\_
- Are any private airfields / heliports used?  Yes  No  
If yes, explain: \_\_\_\_\_
- Has Applicant issued any instructions permitting/prohibiting use of Non-Owned Aircraft?  Yes  No  
If Yes, explain \_\_\_\_\_
- Describe all Aircraft owned, registered to, or leased for more than 30 days to Applicant, or Aircraft in which Applicant has any financial interest: \_\_\_\_\_
- Describe all fractional Aircraft ownership in detail: \_\_\_\_\_
- Number of full time and part time employees flying Non-Owned Aircraft on behalf of Applicant:  
Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

**Pilot Information**

Pilot Name & Certification		Pilot Certification and Ratings			Medical Certificate		
Name of Pilot		Student <input type="checkbox"/>	ASEL <input type="checkbox"/>	Class of Medial	1 <input type="checkbox"/>		
FAA Certificate No.		Private <input type="checkbox"/>	AMEL <input type="checkbox"/>		2 <input type="checkbox"/>		
Date of Last Biennial Rev.		Commercial <input type="checkbox"/>	ATP <input type="checkbox"/>	Date of last Physical			
Date of Birth		Instrument <input type="checkbox"/>	Other				

Name the top three aircraft you have the highest time in:	Single Engine	Multi-Engine	Complex	Seaplane	Helicopter	Turbine Aircraft
Make and Model of Craft:						
Make and Model of Craft:						
Make and Model of Craft:						
Dates Flown						
Pilot In Command (hrs.)						
Second in Command (hrs.)						
Dual (hrs.)						
Cross Country (hrs.)						
Night (hrs.)						
Instrument (hrs.)						
Total Last 12 Mo. (hrs.)						
Total Last 90 Days (hrs.)						
<b>TOTAL HOURS</b>						

9. Are you a Student Pilot?  Yes  No  
If yes, your CFI's name: \_\_\_\_\_

10. Phone Number of CFI: \_\_\_\_\_ Have you changed Instructors?  Yes  No

11. Does your CFI provide any Insurance?  Yes  No  
If yes, name of Insurance: \_\_\_\_\_

12. Please explain circumstances if:

a. Any pilot named above has any physical impairments, waivers, limitations, or, conditions attached to their medical certificate: \_\_\_\_\_  
\_\_\_\_\_

b. An FAA, Military, or other pilot certificate held by any pilot named above has even been revoked: \_\_\_\_\_  
\_\_\_\_\_

c. Any pilot named above has even been cited for violation of any aviation regulation in any country: \_\_\_\_\_  
\_\_\_\_\_

d. Any pilot named above has ever been convicted of or pleaded guilty to a felony or a DWI: \_\_\_\_\_  
\_\_\_\_\_

**Other Insurance**

13. Minimum limits required of aircraft owners/operators?  Yes  No  
If yes, list minimum amount: \$ \_\_\_\_\_

14. Is Applicant

a. "Held harmless"  Yes  No

b. Named as an Additional Insured on aircraft owner's / operator's insurance policy?  Yes  No

15. Name of current Applicant's Non-Owned Aircraft insurance carrier (If none, so state): \_\_\_\_\_

16. Expiration date of current coverage (if applicable): \_\_\_\_\_

17. To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any non-owned aircraft in the custody of the Applicant except: \_\_\_\_\_  
\_\_\_\_\_

18. Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by Applicant, or cancelled or refused to renew a non-owned aircraft policy held by the Applicant or any of the pilots named herein? (NOTE: Missouri applicants Do Not Reply.)  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false,

misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name