



SRIM HELICOPTER HULL AND LIABILITY FORM

Check which is desired:	A QUOTATION	INSURANCE POLICY	RENEWAL POLICY
Name of Applicant (Include D/B/A's and Holding Companies):			
Address:			
Business or occupation of applicant:			
Applicant is: Corporation Individual(s) Partnership Other(Describe)			
Insurance Is requested from: _____ to: _____			

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
Single Limit Bodily Injury and Property Damage Liability: Passengers: Included, excluded	\$ Each Passenger	\$
Other Liability	\$	\$
Medical Expenses Crew _ included, excluded	\$ Each Person	

Physical Damage Coverage		
Amount of Hull Insurance		
Aircraft 1: \$		
Aircraft 2: \$		
Deductibles	\$	%
Rotors not in motion:		
Rotors in motion:		

Aircraft	Reg. No.	Seating Capacity		Purchased		Price Paid by Applicant (incl .extras)	Present Estimated Value (incl .extras)	Engine Hours Since New, or Since Last Major Overhaul	Number of Hours Flown in the Last 12 Months	Estimate Flight Hours Next 12 Months
		Crew	Pass	New or Used	Date					
Year, Make and Model										
1.						\$	\$			
2.						\$	\$			
Description of special or extra equipment installed on aircraft and spares inventory										
Aircraft 1.										Value: \$
Aircraft 2.										Value: \$

Are landing sites not approved by FAA used?	Yes	No	If Yes , how often?	Identify sites:
Are building top landing pads used?	Yes	No	If Yes , how often?	Identify sites:
Areas of Operation:	FAR Licenses held:			
Are floats installed?	Yes	No	If yes percentage of time:	% Value : \$
Are flights at night contemplated?	Yes	No	If yes, how frequently?	Are landing sites lighted? Yes No
Who Performs maintenance?				

Pilots: COMPLETE THIS SECTION (INCLUDING ITEMS 1.-9. BELOW) FOR EVERY PILOT WHO WILL OPERATE AN AIRCRAFT DURING THE POLICY TERM UNLESS A PILOT QUESTIONNAIRE IS COMPLETED BY THE PILOT

Name of Pilot	Date of Birth	Helicopter Certificate and ratings				Medical Certificate		Pilot in command Hours -Logged					Estimated helicopter flight hours next 12 months	
		Private	Commercial	IFR	ATP	Type Ratings (List)	Date Of Last Physical	Class	Helicopter					
									Total All Aircraft	Total Recip	Total Turbine	In Model to be Insured		Total Last 12 Months
1.														
2.														
3.														
4.														

	PILOT	1		2		3		4	
		Yes	No	Yes	No	Yes	No	Yes	No
1. Has the pilot successfully completed the manufacture's approved pilots ground and flight training school for any helicopter?									
(Yes or No) Specify make and model: _____ Date: _____									
2. Does the pilot participate in a formal recurrent training program?									
3. Was pilot's original rotorcraft rating obtained through the military?									
4. Does the pilot have any physical impairments?									
5. Does the pilot have any waivers, restrictions, limitations or conditions attached to his medical certificate?									

6. Has any pilot's Transport Canada, or other pilot certificate ever been suspended or revoked?								
7. Has any pilot ever been cited for any violation of any aviation regulation in any country?								
8. Has any pilot ever been involved in any aircraft accident?								
9. Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated?								
Explain all "yes" answers to these questions								

Name of last aviation insurance carrier (if none so state)
To the Applicant's knowledge has any damage been sustained to, or have any claims been by others that have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant? Yes No If yes, please provide details
Has any insurance company or underwriter at any time declined an application submitted by or cancelled or refused to renew a policy held by the applicant or any of the pilots named herein regard to any type of insurance? Yes No If so, explain:

Workers Compensation insurance now in effect:	
Carrier:	Expiration Date:
Limits:	

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Insurers may investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by an authorized person in writing.

Date _____ Applicant's Signature _____

Name of agent or broker:			
Address:			
Broker	Agent	Are you the holding producer? Yes No	If "Yes", for how many years?