



8722 S. Harrison St. Sandy, UT 84070  
 P.O. Box 4439 Sandy, UT 84091  
 877-585-2853 • Fax 877-585-2854

## HELICOPTER PILOT APPLICATION

### General Information

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

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

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

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

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

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Flight School Name (if applicable): \_\_\_\_\_

School Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

### Desired Insurance

Liability Coverage	Limits of Liability Requested					
	Silver		Gold		Platinum	
	Each Person	Each Occurrence	Each Person	Each Occurrence	Each Person	Each Occurrence
Bodily Injury Liability Excluding Passengers	\$25,000	\$50,000	\$50,000	\$100,000	\$100,000	\$300,000
Property Damage Liability	N/A	\$25,000	N/A	\$50,000	N/A	\$100,000
Passenger Bodily Injury Liability	\$25,000	\$50,000	\$50,000	\$100,000	\$100,000	\$300,000
Legal Liability to Non-Owned Aircraft	Each Aircraft \$10,000	Deductible \$1,000	Each Aircraft \$10,000	Deductible \$1,000	Each Aircraft \$10,000	Deductible \$1,000
Aggregate	\$100,000		\$200,000		\$500,000	

### Aircraft Information

Non-Owned Aircraft Use					
Show all types of aircraft intended to be used by or on behalf of Applicant in the next 12 months.					
Type of Aircraft	Operator	Limits Carried	Actual Hours Used	Estimated Hours of Used	Location of Aircraft
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)					

1. Aircraft usage: \_\_\_\_\_
  1. Commercial Use: \_\_\_\_\_%: Detailed Description: \_\_\_\_\_
  2. Training/Instruction: \_\_\_\_\_%: Detailed Description: \_\_\_\_\_
  3. Private/Personal: \_\_\_\_\_%: Detailed Description: \_\_\_\_\_
  4. Other: \_\_\_\_\_%: Detailed Description: \_\_\_\_\_

When not flown, the aircraft is:  Always hangared  Always tied down  Other (explain): \_\_\_\_\_

2. Are any Non-Owned Hot Air Balloons, Blimps, Military Surplus, Ultra-Lights, or Home Built Aircraft used?  Yes  No
3. Are any flights made outside the United States?  Yes  No
4. Are any private airfields / heliports used?  Yes  No  
If yes, explain: \_\_\_\_\_
5. Describe all Aircraft owned, registered to, or leased for more than 30 days to Applicant, or Aircraft in which Applicant has any financial interest: \_\_\_\_\_

**Pilot Information**

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

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>						

6. Does any pilot named above have any physical impairments, waivers, limitations, or, conditions attached to their medical certificate?  Yes  No
7. Has any pilot named above ever had their FAA, Military, or other pilot certificate revoked?  Yes  No
8. Has any pilot named above ever been cited for violation of any aviation regulation in any country?  Yes  No
9. Has any pilot named above ever been convicted of or pleaded guilty to a felony or a DUI?  Yes  No

**Other Insurance**

10. Name of current Applicant's Non-Owned Aircraft insurance carrier (If none, so state): \_\_\_\_\_
11. Expiration date of current coverage (if applicable): \_\_\_\_\_

12. To the Applicant's knowledge has there been any damage to, or have claims by others arisen out of the operation of any non-owned aircraft in the custody of the Applicant?  Yes  No
13. 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

**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