

# Preferred Policyholder Insurance Application for Helicopter Operators

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 You are  Individual  Corporation  Partnership  Other, explain \_\_\_\_\_  
 Your business is \_\_\_\_\_  
 Your present aircraft insurance company is \_\_\_\_\_ Policy Expires \_\_\_\_\_  
 NBAA Member?  Yes  No HAI Member?  Yes  No

## Aircraft Information

<u>Year, Make &amp; Model</u>	FAA "N" No.	Capacity Crew	Pass	Purchase Date	Purchase Price (with equipment)	Current Value	Standard Airworthiness	
1.							<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.							<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.							<input type="checkbox"/> Yes	<input type="checkbox"/> No

*For Additional Aircraft Attach Separate Sheet*

Explain any Airworthiness Certificate other than standard \_\_\_\_\_  
 Aircraft usually based at \_\_\_\_\_ Aircraft usually Hangared  Yes  No  
 If private heliport, describe location, facilities, security \_\_\_\_\_  
 Will aircraft be used anyplace other than FAA approved landing areas?  Yes  No  
 If Yes, how often? \_\_\_\_\_ Give location and description of non-FAA approved landing areas \_\_\_\_\_  
 Will rooftop landing areas be used?  Yes  No If Yes, how often? \_\_\_\_\_  
 Give location and description of rooftop landing areas \_\_\_\_\_  
 Will aircraft be used outside the continental United States  Yes  No If Yes, how often? \_\_\_\_\_  
 Describe operations outside the continental U.S. \_\_\_\_\_  
 Describe normal area of operations \_\_\_\_\_

## Safety Equipment

Indicate the safety equipment currently on your aircraft	All Aircraft	Some Aircraft	None
Shoulder harness for all seats _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crash resistant fuel systems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire strike protection systems _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skid snag protection _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-axis stabilization system _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IFR equipped _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flotation/pop out floats _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy absorbing seats _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS integrated ELT _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision avoidance lights/strobes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belly lights/flood lights _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High visibility rotor blades _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Aircraft Use

Check uses for which coverage is desired and indicate estimated annual hours for each category

<input type="checkbox"/> Business and pleasure _____ hrs.	<input type="checkbox"/> Search and rescue _____ hrs.
<input type="checkbox"/> Industrial aid (corporate) _____ hrs.	<input type="checkbox"/> Traffic watch _____ hrs.
<input type="checkbox"/> Air ambulance, EMS _____ hrs.	<input type="checkbox"/> Pipeline/powerline patrol _____ hrs.
<input type="checkbox"/> Aerial application _____ hrs.	<input type="checkbox"/> Electronic news gathering _____ hrs.
<input type="checkbox"/> Instruction _____ hrs.	<input type="checkbox"/> Logging _____ hrs.
<input type="checkbox"/> Rental _____ hrs.	<input type="checkbox"/> Heli-skiing _____ hrs.
<input type="checkbox"/> Air taxi _____ hrs.	<input type="checkbox"/> Sight seeing/air tours _____ hrs.
<input type="checkbox"/> External load/slung cargo _____ hrs.	<input type="checkbox"/> Seismic oil/gas exploration _____ hrs.
<input type="checkbox"/> Offshore/oil rig _____ hrs.	<input type="checkbox"/> Fire fighting/fire support _____ hrs.
<input type="checkbox"/> Law enforcement/police _____ hrs.	<input type="checkbox"/> Movies/cinematography _____ hrs.
<input type="checkbox"/> In-flight pick up/delivery _____ hrs.	<input type="checkbox"/> Aerial photography _____ hrs.
<input type="checkbox"/> Forest service/BLM _____ hrs.	<input type="checkbox"/> Crew training _____ hrs.
<input type="checkbox"/> Other uses, explain _____	

Total Estimated Annual Utilization \_\_\_\_\_ hrs.

## Aircraft Maintenance

- Will "OEM" flight-critical parts be utilized on your aircraft?  Yes  No
- Will "OEM" parts be purchased from Bell (American Eurocopter) or a Bell (American Eurocopter) Customer Service Facility?  Yes  No
- Will all maintenance be performed by personnel who have attended the Bell (American Eurocopter) Training Academy field maintenance course for each model, or at a Bell (American Eurocopter) Customer Service Facility by Bell (American Eurocopter) factory trained technicians?  Yes  No
- Will all component repairs or overhauls be performed by personnel who have attended the Bell Training (American Eurocopter) Academy component repairs and overhaul course, or at a Bell (American Eurocopter) Customer Factory Service Facility by factory trained technicians?  Yes  No

## Aircraft Ownership

I do not own the aircraft by myself  Name(s) and address(es) of:  Co-owner(s)  Mortgagee(s)  Lessor(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of any lien or loan, excluding interest and/or finance charges \$ \_\_\_\_\_

Does your lienholder require lienholder's interest insurance (Breach of Warranty)?  No  Yes

Indicate the coverages desired.

### Coverage

### Limits of Coverage

Combined Liability Coverage for bodily injury and property damage	\$	Each Occurrence	
Combined Liability Coverage for bodily injury (except to passengers) and property damage	\$	Each Occurrence	
Liability Coverage for bodily injury to anyone but passengers	\$	Each Person	\$ Each Occurrence
Liability Coverage for bodily injury to passengers only	\$	Each Person	\$ Each Occurrence
Liability Coverage for property damage	\$	Each Occurrence	
Medical Coverage	\$	Each Person	
Aircraft Physical Damage Coverage	\$		
1.	\$		
2.	\$		
3.	\$		
Rotors not in-motion deductible	\$	Rotors in-motion deductible	\$

## Accidents/Incidents

Any accidents/incidents in the last five years  Yes  No If Yes, describe fully on a separate sheet.

Has any insurer cancelled, declined or refused to write any aviation insurance for you or one of your pilots?  Yes  No

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

NAME AND ADDRESS OF AGENT/BROKER: \_\_\_\_\_

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until the insurance carrier effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by an insurance carrier, the full amount of premium becomes due and payable immediately. I/We authorize the insurance carrier to investigate all or any qualifications or statements contained herein.

Date \_\_\_\_\_ Signature of Applicant or Authorized Representative \_\_\_\_\_