

Turbine Powered Aircraft Application

Name of Applicant _____

Address _____

Name of Operator (if other than Applicant) _____

Flight Safety Foundation Member? Yes No NBAA Member? Yes No

HAI Member? Yes No

Does flight operations manual of Applicant/Operator conform with NBAA guidelines? Yes No

Functioning SMS in place? Yes No IS-BAO Registered? Yes No

ARG/US Certified? Yes No Gold Gold Plus Platinum

Wyvern Certified? Yes No

Aircraft Information All "managed" aircraft - provide copy of contact/agreement between owner and operator.

Year, Make, Model	FAA No.	No. of Seats		Insured Value	Est Use/Yr		Hangared	AVG Pax Load
		Pass.	Crew		91	135		
1.				\$				
2.				\$				
3.				\$				
4.				\$				
5.				\$				
6.				\$				

Home Airport _____
Runway Length _____

Published Precision Instrument Approach? No Yes

Are jet aircraft equipped with thrust reversers? No Yes

Will any aircraft be flown for hire? No Yes (Explain on reverse side)

Has any aircraft been modified? No Yes

Geographic areas aircraft usually operated within:

International Operations? No Yes

Any use of non-owned aircraft? No Yes (Explain on reverse side)

Lease Agreements / Contracts

Names and locations of vendors / entities providing following services (including agreements if available)

Storage	<input type="checkbox"/> Agreement attached <input type="checkbox"/> No Agreement
Fueling	<input type="checkbox"/> Agreement attached <input type="checkbox"/> No Agreement
Airframe Maintenance	<input type="checkbox"/> Agreement attached <input type="checkbox"/> No Agreement
Engine Maintenance	<input type="checkbox"/> Agreement attached <input type="checkbox"/> No Agreement
Avionics Maintenance	<input type="checkbox"/> Agreement attached <input type="checkbox"/> No Agreement
Hangar Lease	<input type="checkbox"/> Agreement attached <input type="checkbox"/> No Agreement

Pilot Information - Attach Pilot History Form PHF 02 For Each Pilot

Names	AGE	Pilot Certificates and Ratings							Total Logged hours as PIC		
		MEL	COM	INST	ATP	R/W	Other	Type Ratings	T/P	Jet	R/W
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Does Applicant/Owner participate in formal flight training program for each insured aircraft? No Yes

Name of school(s) _____

Does school have visual flight simulator for each make and model? No Yes

Pilot Training Information

Has each pilot completed manufacturer's ground and flight school for the make and model of aircraft flown?

			Most Recent A/C Training	Date of Training	Please provide a copy of latest manufacturer's school completion certificate for each pilot.
Pilot #1.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	
Pilot #2.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	
Pilot #3.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	
Pilot #4.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	
Pilot #5.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	
Pilot #6.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	
Pilot #7.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	
Pilot #8.	<input type="checkbox"/> No	<input type="checkbox"/> Yes		/ /	

Will anyone other than the pilots named above operate the Applicant's aircraft? No Yes

Explain "Yes" _____

Does Applicant/Operator employ their own maintenance people? No Yes

Have the maintenance personnel completed manufacturer's maintenance course? No Yes

Loss History Has Applicant or Operator had any accidents in the last 5 years? No Yes – Explain below

Use this space for answering questions. Attach sheet if necessary.

Date Insurance is to begin _____ Date of Application _____ / _____ / _____

Signature of Applicant _____ Title _____