

**Sterling Risk Management, Inc.**  
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Producer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### *Non-Owned Aircraft Liability Application*

#### APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Business of Applicant: \_\_\_\_\_  
Applicant is: \_\_\_\_\_  
Non-Owned Liability Limit Desired: \_\_\_\_\_  
Non-Owned Physical Damage Limit Desired: \_\_\_\_\_  
Insurance coverage is requested from: \_\_\_\_\_ to \_\_\_\_\_

#### NON-OWNED AIRCRAFT USE

Does the applicant charter aircraft? Aircraft chartered from and piloted by professional pilots: \_\_\_\_\_  
Maximum number of seats on the largest aircraft chartered: \_\_\_\_\_  
What is the average number of passengers per trip? \_\_\_\_\_  
What are the lowest liability limits carried on the chartered aircraft? \_\_\_\_\_  
How many hours of chartered exposures: \_\_\_\_\_  
Actual hours used Last 12 Months: \_\_\_\_\_  
Estimated hours of use Next 12 Months: \_\_\_\_\_

	<u>Name of Charter Operator</u>	<u>Type of Aircraft Chartered</u>
1	_____	_____
2	_____	_____
3	_____	_____

Is the applicant added as an additional insured to the charter operator's primary policy? \_\_\_\_\_  
Does the applicant require/obtain certificates of insurance? \_\_\_\_\_

## EMPLOYEE FLOWN / NON-PRO PILOT EXPOSURES

Does the applicant have non-owned aircraft exposure with non-pro/employee pilots? \_\_\_\_\_

If Yes, then please answer the following questions:

Maximum number of seats on the largest aircraft flown: \_\_\_\_\_

What is the average passenger load? \_\_\_\_\_

Are passengers usually clients or other employees? \_\_\_\_\_

What are the lowest liability limits carried on the employee flown aircraft? \_\_\_\_\_

Does the applicant receive a Certificate of Insurance naming them as an additional insured to the employee pilot's primary policy? \_\_\_\_\_

How many hours of non-professionally flown non-owned exposures: \_\_\_\_\_

Actual hours used Last 12 Months: \_\_\_\_\_

Estimated hours of use Next 12 Months: \_\_\_\_\_

Number of employees that will be operating non-owned aircraft on behalf of applicant: \_\_\_\_\_

Make and Model of employee flown aircraft: \_\_\_\_\_

## AIRCRAFT UTILIZATION

Will the non-owned aircraft be used for any of the following? \_\_\_\_\_

Powerline/Pipeline Patrol • Medivac • Cruise Ship • Logging  
Hunting • Research • Aerial Photography

Does the applicant have any non-owned exposures involving any of the following types of aircraft? \_\_\_\_\_

Hot Air Balloons • Blimps • Military Aircraft • Ultra lights  
Hang Gliders • Home Builts

Does the applicant have any non-owned exposures outside of the following areas? \_\_\_\_\_

United States • Canada • Mexico • Western Europe

If Yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any non-owned aircraft exposures  in Alaska? \_\_\_\_\_

Will the non-owned aircraft be used for student or pilot instruction? \_\_\_\_\_

Is the applicant a Hotel/Resort/Casino? \_\_\_\_\_

**INTERNAL**

Does the applicant have any instructions permitting or prohibiting use of non-owned aircraft? \_\_\_\_\_

If Yes, please describe:

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

What are the applicant's minimum internal written requirements for liability limits from aircraft owners/operators? \_\_\_\_\_

Current/Most recent insurance carrier: \_\_\_\_\_

**LOSS HISTORY**

Has the applicant had any aircraft losses, claims or incidents? \_\_\_\_\_

If Yes, please describe:

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

Has any insurance company cancelled, declined or refused to renew any aviation insurance policy? \_\_\_\_\_

If Yes, please describe:

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

**OTHER**

Would the applicant like to purchase the Non-Owned Extended Coverage Endorsement (aircraft liability) buy back with coverage for TRIA terrorism for a policy premium surcharge of 15%? \_\_\_\_\_

Would the applicant like to purchase coverage for "acts of terrorism" as defined in the Terrorism Risk Insurance Act of 2002 for a policy premium surcharge of 5%? \_\_\_\_\_

Commission: \_\_\_\_\_

Please enter comments or special requests below:

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

## **Fraud Prevention - General Warning**

**NOTICE:** Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

**NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE & VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.