

# EXECUTIVE TRANSPORTATION APPLICATION

Applicant's Name \_\_\_\_\_  
Include All Entities and Persons to be Insured

Website: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Effective from \_\_\_\_\_ until \_\_\_\_\_ Both at 12:01 AM standard time at the address above.

Business of Applicant \_\_\_\_\_

Applicant is:  Individual(s)  Corporation

Other (describe) \_\_\_\_\_

## I. General

1. Who is the Management Team?

Years  
Experience?

Do they currently fly the  
scheduled aircraft?

Years with the  
company?

Owner: \_\_\_\_\_

Director of Operations: \_\_\_\_\_

Chief Pilot: \_\_\_\_\_

Director of Maintenance: \_\_\_\_\_

Director of Sales: \_\_\_\_\_

Director of Finance: \_\_\_\_\_

Director of Personnel: \_\_\_\_\_

2. Has any of the management team operated other flight operations under another name?

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

3. Number of Dispatchers? \_\_\_\_\_

4. Average Dispatch time? \_\_\_\_\_

5. What flight Dispatch software do you use? \_\_\_\_\_

6. General lead time on Charter Flight? \_\_\_\_\_

7. Do you have your own 135 certificate?  Yes  No

Certificate Number: \_\_\_\_\_

If no, who's 135 certificate do you use? \_\_\_\_\_

8. Has the certificate holder received any violations, sanctions, fines, or any other regulatory infractions?

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

9. Is the majority of charter flights retail or charter broker? \_\_\_\_\_

% Retail: \_\_\_\_\_ % Broker: \_\_\_\_\_

10. How many trips per month do you pass off to another operator? \_\_\_\_\_
11. What operators do you pass off trips to? \_\_\_\_\_  
 \_\_\_\_\_
12. What insurance requirements do you demand of them? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Do you ever arrange charter for groups of 20 or more?  Yes  No
14. What countries have you been to in the last 12 months? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Who is the safety officer? \_\_\_\_\_
16. How often are safety meetings conducted? \_\_\_\_\_  
 \_\_\_\_\_
17. Who attends the meetings? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Are you Wyvern or ARGUS approved? \_\_\_\_\_  
 Please submit a copy of the last audit report.

## II. Pilots

1. Number of full time employee pilots (W/2)? \_\_\_\_\_
2. Number of pilots employed by the aircraft owner (managed aircraft)? \_\_\_\_\_
3. Number of contract pilots? \_\_\_\_\_
4. Do all pilots attend simulator school for the model aircraft flown?
5. If pilots fly more than one model aircraft, how often does the pilot attend full motion school for each aircraft flown? \_\_\_\_\_  
 \_\_\_\_\_
6. Are any part 135 flights flown single pilot?  Yes  No
7. Are any part 91 flights flown single pilot?  Yes  No
8. Are any managed aircraft flown by the owner? \_\_\_\_\_  
 \_\_\_\_\_
9. Are all pilots typed in the model aircraft they fly?  Yes  No
10. Do any pilots fly more than two aircraft models?  Yes  No
11. If you have your aircraft based at locations other than your base of operations is a full time crew based with the aircraft?  
 \_\_\_\_\_
12. Who is the crew employed by? \_\_\_\_\_
13. Are any of your crew members allowed to fly for other operators or contract basis for others?

14. What are your minimum PIC hour requirements?

Total Time

PIC Time

TurboJet

TurboProp

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What are your minimum SIC hour requirements?

Total Time:

PIC Time

TurboJet

TurboProp

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### III. Aircraft

1. Number of owned aircraft? (owned by management team or certificate holder) \_\_\_\_\_

\_\_\_\_\_

2. Number of lease aircraft? \_\_\_\_\_

3. Number of Managed aircraft? \_\_\_\_\_

4. Number of aircraft located at your base of operations? \_\_\_\_\_

5. Number of aircraft based at other locations? \_\_\_\_\_

6. Number of aircraft you manage that are not on your fleet policy? \_\_\_\_\_

7. Please list those aircraft:

Aircraft

Expiration Date

Insurance Co.

Limit of Liability

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

8. Are any aircraft operated Part 91 only?  Yes  No

9. Do you operate all aircraft to Part 135 regulations on all flights (including a Part 91 flight for the owner)?  Yes  No

10. Are all aircraft on a Computerized Maintenance Tracking System?  Yes  No

11. Do all aircraft have Ground Pros, traffic alert, and RVSM certification?  Yes  No

\_\_\_\_\_

### IV. Maintenance

1. Number of full time A&P mechanics? \_\_\_\_\_

2. Do they attend annual schools for the aircraft in the fleet?  Yes  No

3. If you have aircraft based at locations other than your base operation, do you have a full time lead mechanic based with the aircraft?  Yes  No

4. What maintenance schedules do you operate? \_\_\_\_\_

\_\_\_\_\_

5. Do you do any outside maintenance?  Yes  No

6. What checks are done in house? \_\_\_\_\_  
\_\_\_\_\_

7. When do you send aircraft to outside facilities? \_\_\_\_\_  
\_\_\_\_\_

8. What outside facilities are used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FRAUD WARNINGS

(last updated 1/11)

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 AUTHORITIES.

**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 KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH 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 LOUISIANA 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 MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

FRAUD WARNINGS CONTINUED

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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 CLAIM 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY NSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, NCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

**X** \_\_\_\_\_  
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email Address \_\_\_\_\_