

Johnson Insurance Services, LLC

525 Junction Road
Madison, WI 53717
800-477-4359 Phone
877-254-8586 Fax



JOHNSON
AVIATION INSURANCE®

NON-OWNED AIRCRAFT INSURANCE APPLICATION

Name of Applicant: _____

Address: _____

Insurance coverage is requested for an annual period beginning _____, _____

Current coverage expires: _____ Current/Most recent carrier: _____

Applicant is: Individual Corporation Partnership (Name each partner) Other: _____

Business of Applicant: _____

Non-Owned Aircraft (List year, make, and model of aircraft which may be used by the applicant in the next 12 months.): _____

NON-OWNED AIRCRAFT USE: State annual flying hours of Non-Owned aircraft used in business of applicant.

a. Rented aircraft and use of employee-owned aircraft last year: _____	estimated next year: _____
b. Chartered aircraft with non-employee pilots last year: _____	estimated next year: _____
Average number of passengers per trip: _____	Are passengers usually guests or employees? _____
Number of branch offices: _____	Total number of employees: _____
	Number whose regular duties require aircraft travel: _____
Number of employees who are pilots: _____	Number employed in pilot capacity: _____
Number of employees who own aircraft: _____	Number of these aircraft used on company business: _____
Number of aircraft owned by company: _____	Makes and Models: _____
Do you have a regular place where you rent/charter aircraft from?	_____ Yes _____ No
If so, where? _____	What limit of liability do they carry? \$ _____
Any charters or rentals for more than seven consecutive days?	_____ Yes _____ No
Any use of jets, helicopters, or aircraft over eight-place including crew?	_____ Yes _____ No
Explain each "Yes" answer on reverse	

PILOTS:

Does any employee or officer fly on behalf of the insured?	_____ Yes _____ No
If so, advise the Liability Limits provided by owner, flying club, or fixed base operator:	\$ _____
Does the applicant receive a Certificate of Insurance naming them as additional insured under this coverage?	_____ Yes _____ No
If any employee or officer flies on behalf of the insured, <u>PLEASE ATTACH A COMPLETED PILOT HISTORY REPORT.</u>	

NON-OWNED AIRCRAFT INSURANCE APPLICATION

USES:

Will the applicant make any charge to others for use of the aircraft?	___ Yes ___ No
Will aircraft be used for other than transportation of persons (such as hunting, dusting, patrol, research, etc.)?	___ Yes ___ No
Will aircraft be operated at other than paved public airports or outside the continental U.S.?	___ Yes ___ No
Where? _____ Purpose? _____ Frequency? _____	
Will aircraft be used for student or pilot instruction?	___ Yes ___ No
Explain each "Yes" answer on reverse	

NON-OWNED LIABILITY COVERAGE: State Limits of Liability desired.

COVERAGE	EACH PERSON	EACH OCCURRENCE
Bodily Injury Liability Excluding Passengers	\$	\$
Property Damage Liability	X X X X X X X	\$
Passenger Bodily Injury Liability	\$	\$
SINGLE LIMIT Bodily Injury/Property Damage: (Check one) _____ Passengers Included _____ Passengers Excluded	X X X X X X X	\$

NON-OWNED PHYSICAL DAMAGE

Hull Value	\$
------------	----

LOSS HISTORY and PREVIOUS AVIATION INSURANCE:

Has the applicant had any aircraft/aviation losses or claims during last five years?	___ Yes ___ No
Has any insurer canceled, declined, or refused to renew any aviation insurance?	___ Yes ___ No
Explain each "Yes" answer on reverse.	

I/We authorize Johnson Insurance Services, LLC and the following agent/broker to represent me/us in the placing of this insurance (State agent/broker's name and address): _____

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed, and I agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer.

Fraud Warning: 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.

Date: _____ Applicant
 Authorized Signature: _____ Title: _____