

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
Aircraft Non-Ownership Liability Application

1. Name _____
2. Address _____
3. Type of Business _____
4. Number of Offices _____ Locations (State or Country) _____
5. Number of Managerial Employees _____ Total Number of Employees : _____
6. Have you issued any written or oral instructions permitting or prohibiting the rental or charter of aircraft? ____
 If yes, explain: _____
7. Complete the following for all licensed pilots in your employ:

Name	Age	Any Accident Record	Pilot Certificate		Solo Hours			Total Hours
			Classification	Ratings	SEL	MEL	RW	
1.		*						
2.		*						
3.		*						

* If any accident record, give details on separate sheet.

- 8A. Do you or your employees charter (i.e., non-employee as pilot) aircraft for company business?
 (a) Purpose: _____
 (b) Make of aircraft: _____
 (c) Approximate hours flown annually: _____
- 8B. Do you or your employees rent (i.e., employee as pilot) aircraft for company business?
 (a) Purpose: _____
 (b) Make of aircraft: _____
 (c) Approximate hours flown annually: _____
- 8C. Do any of your employees use their own aircraft for company business?
 (a) Purpose: _____
 (b) Make of aircraft: _____
 (c) Approximate hours flown annually: _____
9. Is there any flying on your behalf by other than employees? (i.e., subcontractors, joint ventures, promotional or advertising activity, etc.) ____ If yes, explain: _____
10. Do you use aircraft for pleasure purposes? ____ If yes, explain: _____
11. Will aircraft be flown outside the continental limits of the U.S.? ____ If yes, specify where and how often to each location: _____
12. What is the greatest seating capacity of aircraft to be used? ____ Average seating capacity: _____
13. If physical damage liability desired, specify maximum value of aircraft to be used: _____
 Average value: _____
14. Do you own or lease (term of lease 12 mos. or more) any aircraft? ____
 Make and model(s) and purpose of use: _____
15. Please specify extent of any contractual arrangements involving non-owned aircraft (including insurance requirements) _____
16. Have you ever had a claim made against you as a result of your use of aircraft? ____ If yes, explain: _____
17. Indicate limits of liability desired below:

Single limit Bodily Injury and Passenger Damage Liability	\$ _____	each occurrence	<input type="checkbox"/> incl. Passenger	<input type="checkbox"/> excl. Passenger
Physical Damage Liability	\$ _____	any one aircraft		
Admitted Liability	\$ _____	principal sum		
Medical Payments	\$ _____	each occurrence	<input type="checkbox"/> incl. Crew	<input type="checkbox"/> excl. Crew
	\$ _____	each person		
	\$ _____	each accident		

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Agency _____ Date _____ Signature of Applicant _____