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7 W. Main St., Suite 100
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Helicopter Insurance Application

Name of Applicant: _____

Address: _____

Principal Owners: _____

Business of Principal Owners: _____

Name of Manager: _____ Number of Years with Current Management: _____

N Number: _____ Year / Make / Model: _____ Total Seats: _____

Insured Value / Purchase Price: _____ Requested Limit of Liability: _____

Home Airport(s): _____

Estimated Annual Flight Hours:

Part 91 / Non-Commercial Use: _____ Part 91 / Commercial Use: _____

Part 61 / 141 Flight Training: _____ Part 135 Charter: _____

Average Passenger Load: Non-Commercial: _____ Commercial: _____

International Destinations: _____ Est. # of International Flights: _____

Please attach a completed Alexander Aviation Pilot History Form for each pilot.

Questionnaire

- 1. Will anyone other than the named pilots operate, receive training or log hours in this aircraft?
2. Will the aircraft be operated for any commercial purpose, for hire or flight training?
3. Are any of the pilots not full-time employees or provide pilot services to others more than 20% of the time?
4. Has any pilot not completed an initial or recurrent training program specifically for this make and model within the last 12 months?
5. Do any of the pilots have any ownership interest in any of the aircraft?
6. Are any pilots or employee passengers not covered by separate Worker's Compensation insurance?
7. Has any pilot logged fewer than 50 hours in the preceding 12 months?
8. Does any pilot have fewer than 50 hours in this aircraft?
9. Are any of the aircraft based outside the continental United States more than 40% of the year?
10. Does the applicant hangar, service, repair or crew other aircraft not on this policy?
11. Does the applicant operate, charter or train in any other aircraft not on this policy?
12. Has the applicant, operator or any named pilot had any aviation accidents, incidents, violations, aviation insurance claims or automotive DUI convictions within the last 5 years?

Please explain all "Yes" answers on separate pages.

FRAUD WARNING: "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claims or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

UNDERSIGNED AFFIRMS: This information is correct to the best of my/our knowledge and belief and no information is being withheld or suppressed. I authorize the insurance company to make any investigation as it may deem appropriate. I appoint Alexander Aviation Associates as my/our Agent of Record for this insurance.

SIGNED:

Applicant: _____ Title: _____ Date: _____