



APPLICATION FOR AIRCRAFT INSURANCE

Application will not be processed unless completed in full, signed and witnessed. Attach additional signed pages if necessary.

NAME(S) OF INSURED:

Owner

Lessee

Address:

Phone:

e-mail:

Fax:

Name and address of Lessor or Lessee(if applicable):

e-mail:

Fax:

COVERAGE (Please initial which coverage(s) desired):

All Risks Physical Damage Coverage:

Aviation Liability Insurance with Legal Limits Per Occurrence of:

Deductible equal to 10%
of the insured value at
time policy issued

Bodily Injury or Death Per Person	US\$ 100,000	US\$ 250,000
Damage to Property of Others	US\$ 100,000	US\$ 250,000
Combined Single Limit of Liability	US\$1,000,000	US\$3,000,000

Initial

Initial

Initial

AIRCRAFT DATA

Robinson Helicopter

Model **R** _____ Serial No. _____ Registration No. _____

Date purchased:

Purchase Price: US\$ _____

Hours flown since purchased: _____

Total hours since new: _____

Last major overhaul:

RHC factory

Hours since overhaul _____

Approved Service Center

Date of overhaul _____

Not yet due

Has aircraft been damaged or involved in an accident in the past 5 years?

Yes

No

If yes, give date, brief particulars of damage, cost of repairs, and name of repair station: _____

TYPE OF USE: The purpose for which the aircraft will be used:

A. Private business and pleasure, but excluding any of the special purposes listed in B, C, D, or E below, and flown only by pilots who meet the requirements of Endorsement One.

B. Includes A above and commercial photography, traffic watch, news gathering, police patrol, power or pipeline patrol and air taxi.

C. Includes A and B above and flight instruction including rental to others for solo training flights only.

D. Includes A, B, and C above and rental to others for other than solo training flights.
(Now available for R22, R44 and R66.)

E. Also includes aerial application (crop spraying), frost control, animal herding or hunting, external loads(sling loading) other than for training conducted at an airport, or for operations off a vessel at sea. **(Not available at this time.)**

Pilots: (Please initial only one of the following)

Open pilots: _____ Any pilot meeting the requirements of Endorsement One will be allowed to operate the aircraft.

Named pilots: _____ Only the following pilots will operate the aircraft (reduced premium may apply).

If Named pilots is initialed, complete the information below for all pilots who will operate the aircraft: (use additional page if necessary).

Name	License Number	Pilot Heli Ratings	Total Heli Hours Logged*	Total R22 Hours Logged*	Total R44 Hours Logged*	Total R66 Hours Logged*	RHC Factory Check out	RHC Safety Course Date

*Include only hours flown and logged as pilot-in-command or dual as a student. (Total time, not to include simulator or flight training devices).

Aviation accident/incident history of pilots within past five years – list below

Pilot Name	Date of Accident	Aircraft Make & Model	Aircraft S/N or Registration No.

Name and address of Lienholder (if applicable): _____

e-mail: _____

Fax: _____

10 or 30 days notice of cancellation required by lienholder: _____ days

Please complete the following only if Breach of Warranty is required by the lienholder: (an additional premium will be applied)

Loan amount: \$ _____

All particulars herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed; and I/we agree that this Application and the terms and conditions of the policy issued by the Insurers shall be the basis of any contract between me/us and the Insurers. It is further agreed and understood that Robinson Helicopter Company will be added as an additional named insured on any liability coverage issued by the Insurer. I/We hereby authorize Insurers or their agents to investigate all or any statements contained herein. I/We understand that THIS APPLICATION DOES NOT COMMIT THE INSURERS TO ANY LIABILITY UNTIL THE INSURERS ADVISE IN WRITITNG THAT THE INSURANCE IS IN EFFECT. The undersigned is authorized to sign on behalf of all applicants.

SIGNED: _____

WITNESS' SIGNATURE: _____

Print name(s) of Insured

Print name of Witness

WITNESS' ADDRESS: _____

TITLE: _____

DATE: _____

PLEASE ENSURE THAT THIS APPLICATION IS SIGNED BY THE NAMED INSURED (IF A CORPORATION BY A CORPORATE OFFICER) AND WITNESSED.

Requested effective date of coverage: _____