



**APPLICATION FOR DELIVERY AND FERRY FLIGHT INSURANCE (14 DAY TERM ONLY)  
CONSECUTIVE OR CONCURRENT TO ANNUAL 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: \_\_\_\_\_

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

e-mail: \_\_\_\_\_

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

All Risks **Physical Damage** Coverage:

Deductible equal to 10% of the insured value.

Delivery/Ferry and/or Annual

Initial

Initial

Aviation **Liability Insurance** with Legal Limits Per Occurrence of:

	Delivery/Ferry	Annual	or	Annual
Bodily Injury or Death Per Person	\$ 1,000,000	\$ 100,000		\$ 250,000
Damage to Property of Others	\$ 1,000,000	\$ 100,000		\$ 250,000
Combined Single Limit of Liability	\$ 2,000,000	\$ 1,000,000		\$ 3,000,000

Initial

Initial

Initial

**AIRCRAFT DATA**

Robinson Helicopter

Model **R** \_\_\_\_\_ Serial No. \_\_\_\_\_ Registration No. \_\_\_\_\_

Purchase Price: US\$ \_\_\_\_\_

Expected commencement date(s) of Ferry Flight \_\_\_\_\_

Expected commencement of Annual policy \_\_\_\_\_

**If new helicopter this section does not need to be completed:**

Last major overhaul:

RHC factory

Approved Service Center

Not yet due

Hours since new or overhaul \_\_\_\_\_

Date of overhaul \_\_\_\_\_

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: (Please use additional page) \_\_\_\_\_

**TYPE OF USE:** The purpose for which the aircraft will be used: (Select one of uses **A-E** if Annual coverage is required and/or **F** for Ferry Flight Coverage )

- 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. Includes A above and aerial application (crop spraying). **(Only available for R66.)**
- F. Other uses, includes 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.)**
- G. **FERRY FLIGHT OPERATION\* ONLY, DOES NOT PERMIT ANY OF THE ABOVE USES; A,B,C,D, E or F.**  
\*As defined on page 3, section 10 of the policy.

**Pilots:**

Only the following pilots will operate the aircraft.  
 (please see "Endorsement One(F)" for minimum hours required for Ferry pilots)

**Complete the information below for the ferry pilot(s) who will operate the aircraft:**

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 date	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).

\*\* Required to have successfully completed the RHC Factory Safety Course within the past ten years.

**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.

**Do you have a Lienholder?**  Yes  No **If yes, name of lienholder:** \_\_\_\_\_

**Address of lienholder:** \_\_\_\_\_

If Breach of Warranty coverage is required, please apply for an Annual policy to run concurrent with the Delivery/Ferry Flight policy. Please note that if both the Delivery/Ferry Flight policy and the Annual policy are in effect at the same time Physical Damage coverage is only available for the Annual policy.

**Please note that Delivery/Ferry Flight coverage will automatically expire 14 days after coverage has been initiated.**

If Annual coverage is requested, please go to page 2(b).

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 WRITING 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.

Complete this page only if Annual Coverage is requested.

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 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.