

N.A.I.A.
Corporate Non-Owned

PART A -- AIRCRAFT INFORMATION

SECTION 1 - GENERAL INFORMATION

Named Insured:

Address Line 1:
 Address Line 2:

City:	State:	Zip Code:	
Telephone:	Email:		

Current Carrier: Expiration Date:

Years you have operated corporate aircraft: Applicant is:

List the names, city, and state of any parent or subsidiary companies:

SECTION 2 - AIRCRAFT

Show all types of aircraft used by or on behalf of applicant to be insured

Type of Aircraft	Operator	Limits Carried	Actual hours used last 12 months	Estimated hours next 12 months
Rented Aircraft (aircraft rented and piloted by you or your employees)				
Charter Aircraft (Aircraft chartered from and piloted by the owner/operator)				
Employee Operated Aircraft (Aircraft owned or operated by your employee and flown on company business)				

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SECTION 3 - USES

Show all aircraft uses by or on behalf of the applicant to be insured. (must total 100%)

_____ % Corporate Executive (flown by professional pilots employed for this purpose and used to transport your employees and guests)

_____ % Pleasure or Business (Not flown by professional pilots employed for this purpose)

_____ % Commercial (Flights made for hire, money or any form of reward or compensation)
Fully describe: _____

_____ % Other: (describe): _____

Describe all navigation outside the 48 contiguous states of the USA:

Are any private airfields/ heliports used? _____

Has applicant issued any instructions permitting / prohibiting use of Non-Owned Aircraft? (If Yes, please describe)

SECTION 4 - LIMITS OF LIABILITY and Medical Payments

limit of liability desired:	Medical Payments:
Single Limit including Passengers	Select the limit desired:
Option 1 _____	Per passenger, including crew
Option 2 _____	

Maximum number of seats of largest aircraft to be insured: _____ Total Seats

Physical Damage Limit:

Each Aircraft:	Deductible
Option 1 _____	
Option 2 _____	

