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Non-Owned Aircraft Liability Entertainment and Production Application

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____

City, State & Zip: _____

Business of Applicant: _____

Insurance coverage is requested from: _____

to _____

ENTERTAINMENT AND PRODUCTION USE

Title of Production event: _____

Description of event: _____

Location of event: _____

Number of Filming Days¹ Required: _____

	<u>Name of Charter Operator</u>	<u>Type of Aircraft Chartered</u>	<u>Operator Primary Liability Limit</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Is the applicant added as an additional insured to the charter operator's primary policy? _____

Does the applicant require/obtain certificates of insurance? _____

What are the applicant's minimum internal written requirements for liability limits from aircraft owners/operators?² _____

DESIRED LIMITS

Non-Owned Liability: _____

Physical Damage Liability: _____

LOSS HISTORY

Has the applicant had any aircraft losses, claims or incidents? _____

If Yes, please describe: _____

Has any insurance company cancelled, declined or refused to renew any aviation insurance policy? _____

If Yes, please describe: _____

OTHER

Would the applicant like to purchase the Non-Owned Extended Coverage Endorsement (aircraft liability) buy back for a policy premium surcharge of 15%? _____

Would the applicant like to purchase coverage for "acts of terrorism" as defined in the Terrorism Risk Insurance Act of 2002 for a policy premium surcharge of 10%? _____

Please enter comments or special requests below:

¹Filming Days means crew movements too and from filming sites, scouting flights of filming site and actual filming flights

²Applicant must endeavor to secure Certificate of Insurance from operator(s) evidencing limits of underlying coverage. Applicant must also endeavor to be named as an additional insured on the Operator's primary liability policy, and/or obtain a waiver of subrogation with respect to Physical Damage coverage. This coverage is written as excess to the Operator's liability insurance coverage. Premiums is fully earned on inception. Additional Premium will be applicable if additional filming days required.

Date: _____ **Signature:** _____

Title: _____

Fraud Prevention - General Warning

NOTICE: Any person who knowingly, or knowingly assists another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning, it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

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

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any fact materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE & VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.