

Turbine Powered Aircraft Application

To be completed by chief pilot or director of flight operations.

Name of Applicant:		
Applicant's Address:		
Name of Operator (if other than Applicant):		
Applicant's Telephone Numbers:	Home:	Work:
Flight Safety Foundation member? NBAA Member?		
Does flight operations manual of Applicant/Operator conform with NBAA guidelines?		
<i>If "managed" aircraft, provide copy of contract/agreement between owner and operator.</i>		

Aircraft Information:								
	Year Make & Model	FAA No.	No. of Seats		Insured Value	Estimated Annual		Hangared?
			Pass.	Crew.		Part 91	Part 135	
1.					\$			
2.					\$			
3.					\$			
4.					\$			
5.					\$			

Home Airport:				
Runway Length:				
Published Precision Instrument Approach?				
Are jet aircraft equipped with thrust reversers?				
Will any aircraft be flown for hire? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain on reverse side)				
Has any aircraft been modified?				
Name and location of modifier:				
Agreement attached <input type="checkbox"/> No Agreement <input type="checkbox"/>				
Average load factors:				
Aircraft #1.	Aircraft #2	Aircraft #3	Aircraft #4	Aircraft #5
Geographic areas aircraft usually operated within				
International Operations? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Any use of non-owned aircraft? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain on reverse side)				
Names and locations of vendors providing the following services (including agreements if available)				
	Vendor Name and Location			
Storage				Agreement Attached <input type="checkbox"/> No Agreement <input type="checkbox"/>
Fueling				Agreement Attached <input type="checkbox"/> No Agreement <input type="checkbox"/>
Airframe Maintenance				Agreement Attached <input type="checkbox"/> No Agreement <input type="checkbox"/>
Engine Maintenance				Agreement Attached <input type="checkbox"/> No Agreement <input type="checkbox"/>
Avionics Maintenance				Agreement Attached <input type="checkbox"/> No Agreement <input type="checkbox"/>
Has Applicant or Operator had any accidents or incidents? No <input type="checkbox"/> Yes <input type="checkbox"/>				
If Yes, Explain:				

Date Insurance is to begin: _____ **Date of Application:** _____
Signature of Applicant: _____ **Title:** _____

Names of pilots employed. Identify command pilot with "c" and co-pilot with "s"	Age	Pilot Certificates and Ratings							Logged Pilot hours as Pilot-in-Command			
		PVT.	COMM.	ATP	AMEL	INST	ROTOR	OTHER	Type Ratings	Turboprop	Jet	Rotor
1.												
2.												
3.												
4.												
5.												

Does Applicant/Owner participate in formal flight training program for each insured aircraft? No Yes

Name of School: _____

Date last completed by each pilot: _____

Does school have visual flight simulator for each make and model? No Yes

Has each pilot completed manufacturer's ground and flight school for the make and model of aircraft?

			Date last attended
Pilot #1		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pilot #2		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pilot #3		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pilot #4		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pilot #5		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Will anyone other than the pilots named above operate the Applicant's aircraft? No Yes

If Yes, explain: _____

Does Applicant/Owner employ their own maintenance people? No Yes

Have the maintenance personnel completed manufacturer's maintenance course? No Yes

Loss History:

Chief pilot is _____ Director of Flight Ops. Is _____

Date _____

Signature of Chief Pilot or Director of Flight Ops. _____