



# Application For Non-Owned Aircraft Liability Insurance

## APPLICATION (2017) **pejif** PUBLIC ENTITY JOINT INSURANCE FUND

NAME OF APPLICANT (including D/B/A's And Holding Companies): _____				
ADDRESS: <u>c/o Public Entity Joint Insurance Fund</u>				
BUSINESS OR OCCUPATION OF APPLICANT: <u>NJ Municipality</u>				
APPLICANT IS:	INDIVIDUALS	CORPORATION	PARTNERSHIP	OTHER: _____
INSURANCE IS REQUESTED FROM 12:01 A.M. <u>January 1, 2017</u> to 12:01 A.M. <u>January 1, 2018</u>				

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers:      included      excluded	\$5,000,000	\$5,000,000
OTHER COVERAGE:	\$ _____	\$ _____
MEDICAL EXPENSE	\$5,000	

Does applicant have directives regarding rental or charter aircraft, or use of employee's personal aircraft?	Yes	No
If "Yes" attach copies of such directives, bulletins, memos, etc., and briefly outline applicant's policy: _____ _____		
Describe all rental or charter of aircraft by applicant, or applicant's employees, and describe usage including: Purpose of Use, Names of charter operators, types of aircraft, destinations, number of flights and number of hours flown: _____ _____		
Do you use or anticipate using any non-owned aircraft with 25 or more seats?	Yes	No
Are any flights contemplated outside of the United States?	Yes	No
Do you obtain a certificate of insurance from each aircraft operator naming you and additional insured?	Yes	No
Do you require a minimum limit of liability from the aircraft operator?	Yes	No
If "Yes" what is the Amount? \$ _____		
Are employee's personal aircraft used on applicant's behalf?	Yes	No
Is applicant included as an insured on employee's aircraft insurance and require a certificate of insurance?	Yes	No
Does Applicant own or lease any aircraft	Yes	No
If "Yes" Describe: _____		



**PILOTS:** Complete this section (Including Items 1-5 below) for EVERY PILOT who will operate an aircraft during the policy term unless a pilot questionnaire is completed by the pilot. This section need not be completed for airline, charter, or air taxi pilots that are not employed by the applicant.

NAME OF PILOT	Date of Birth	Pilot Certifications and Ratings								Medical Certificate		Hours logged as Pilot in Command				
		Stud.	Pvt.	Com'l.	ASEL	AMEL	Instrument.	ATP	Other	Date of Last Physical	Class	Total	Re-tract. Gear	Multi-Engine	Last 90 Days	Last 12 Mos.
1. _____																
2. _____																
3. _____																
4. _____																

	Pilot No. 1	Pilot No. 2	Pilot No. 3	Pilot No. 4
Hours Flown on Applicant's Business Last 12 Mos.				
Hours Flown on Applicant's Business Est. Next 12 Mos.				
FAA Certificate No.				
Date of Last Biennial Flight Review:				

**EXPLAIN CIRCUMSTANCES IF:**

1. Any Pilots named above have any;
  - (a) physical impairments.
  - (b) waivers, limitations, or conditions attached to their medical certificates
2. An FAA, Military, or other pilot certificate held by any pilot named above has ever been suspended or revoked
3. Any pilot above has ever been cited for violation of any aviation regulation in any country
4. Any pilot names above has ever been involved in any aircraft accident
5. Any pilot named above has ever been convicted of or pleaded guilty to a felony or driving while intoxicated



**PLEASE COMPLETE THE FOLLOWING ON THE AVIATION INSURANCE CURRENTLY IN FORCE FOR THE APPLICANT**

COVERAGE	NAME OF COMPANY	LIMIT OF LIABILITY	EXPIRATION DATE
Applicant's Aircraft Liability/Hull	N/A	\$ _____	_____
Employee's Aircraft Liability/Hull (if known)	N/A	\$ _____	_____

**THE FOLLOWING INFORMATION IS TO BE FURNISHED BY APPLIANT WHO IS NOT AN INDIVIDUAL:**

COVERAGE	NAME OF COMPANY	LIMIT OF LIABILITY	EXPIRATION DATE
Applicant's Aircraft Liability/Hull	N/A	\$ _____	_____
Employee's Aircraft Liability/Hull (if known)	N/A	\$ _____	_____

Name of Agent or Broker: <u>BGIA, for Public Entity Joint Insurance Fund</u>	
Address: <u>Woodbridge, NJ</u>	
Broker	Agent
Global Aerospace Member insurance company in which agency license is held: _____ _____	



Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

**ARKANSAS AND LOUISIANA FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO FRAUD WARNING:** 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.

**DISTRICT OF COLUMBIA FRAUD WARNING:** 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.

**FLORIDA FRAUD WARNING:** 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 of the third degree.

**KENTUCKY FRAUD WARNING:** Any person who knowingly and with 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.

**MAINE FRAUD WARNING:** It is a crime to knowingly 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.

**NEW JERSEY FRAUD WARNING:** Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING:** 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 CIVIL FINES AND CRIMINAL PENALTIES.



**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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 violation.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that such person 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.

**OKLAHOMA FRAUD WARNING:** 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.

**OREGON FRAUD WARNING:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

**PENNSYLVANIA FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subjects such person to criminal and civil penalties.

**TENNESSEE AND VIRGINIA FRAUD WARNING:** 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.

All particulars herein are declared to be 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 in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE MEMBER AGREES TO EFFECT THIS INSURANCE.