SKY TERRA, INC
Aviation Insurance & Reinsurance Solutions

Non-Owned Aircraft Liability Application

Rented, chartered and employee-owned aircraft used on the applicant's business

Form SKY-105 (11/26)

Complete every section that applies, type directly into this form, then save and return it to your Skyterra representative. Mark "N/A" where a question does not apply. Attach extra pages for any "Yes" answer that needs more room.

1. APPLICANT INFORMATION

This request is for: ☐ Quotation ☐ New policy ☐ Renewal

Applicant name (include DBAs and holding companies)

Mailing address | City | State | ZIP

Contact person | Phone | Email

Business or occupation of applicant

Applicant is: ☐ Individual(s) ☐ Corporation ☐ Partnership ☐ LLC ☐ Other If other:

Coverage requested from (12:01 a.m. local time) | Coverage requested to (12:01 a.m. local time)

Total number of employees | Employees who regularly travel for work | Branch offices and subsidiaries (locations)

2. COVERAGE REQUESTED

Limits requested

Single limit BI & PD (each occurrence)	Passenger sublimit (each passenger)	Other coverage	Medical payments (each person)

Passenger liability: ☐ Included ☐ Excluded

3. RENTAL & CHARTER PRACTICES

Does the applicant have written rules for renting or chartering aircraft, or for using employees' personal aircraft? (If yes, attach copies.) ☐ Yes ☐ No

Briefly describe the policy:

Describe when aircraft are rented or chartered by the applicant or its employees: number of trips per year, typical aircraft, and purpose

Do you rent or charter aircraft with 25 or more seats, or expect to? ☐ Yes ☐ No

Are any flights contemplated outside the United States? ☐ Yes ☐ No

If yes, where?:

Do you obtain a certificate of insurance from each operator naming you as an additional insured? ☐ Yes ☐ No

Do you require a minimum limit of liability from aircraft operators? ☐ Yes ☐ No

If yes, amount:

4. EMPLOYEE-OWNED & COMPANY AIRCRAFT

Are employees' personal aircraft used on the applicant's behalf? ☐ Yes ☐ No

If yes, describe usage:

Is the applicant included as an insured on those employees' aircraft policies, with certificates on file? ☐ Yes ☐ No

Does the applicant own or lease any aircraft? ☐ Yes ☐ No

If yes, describe:

Other aircraft insurance in force

	Company	Limit of liability	Expiration date
Applicant's aircraft liability / hull			
Employees' aircraft liability (if known)			

5. PILOTS FLYING ON COMPANY BUSINESS

List employees who pilot aircraft on the applicant's business.

	Pilot name	Age	Certificate & ratings	Medical class	Date of last medical	Last flight review
Pilot 1						
Pilot 2						
Pilot 3						
Pilot 4						

Logged hours (same pilots, same order)

	Total hours	Retract / complex	Multi-engine	Last 90 days	Last 12 months	On company business, last 12 mo.	On company business, est. next 12
Pilot 1							
Pilot 2							
Pilot 3							
Pilot 4							

Answer for every pilot named above. Explain each "Yes", identifying the pilot.

Does any pilot named have a physical impairment, or any waiver, limitation or condition on a medical or pilot certificate (other than corrective lenses)? ☐ Yes ☐ No

If yes, please explain:

Has any FAA, military or other pilot certificate held by any pilot named ever been suspended or revoked? ☐ Yes ☐ No

If yes, please explain:

Has any pilot named ever been cited for a violation of any aviation regulation in any country? ☐ Yes ☐ No

If yes, please explain:

Has any pilot named ever been involved in an aircraft accident or incident? ☐ Yes ☐ No

If yes, please explain:

Has any pilot named ever been convicted of, or pleaded guilty to, a felony or driving while intoxicated? ☐ Yes ☐ No

If yes, please explain:

6. PRIOR INSURANCE & LOSS HISTORY

Current / last aviation insurance carrier (if none, state "None")

Policy number

Expiration date

To your knowledge, has any damage been sustained to, or have any claims been made by others arising out of the operation of, any aircraft owned by or in the custody of the applicant? ☐ Yes ☐ No

Claims history (attach loss runs if more space is needed)

Date of occurrence	Amount paid	Description of loss

Has any insurer declined an application, or cancelled or refused to renew a policy, for the applicant or any pilot named here, for any type of insurance? (Not applicable in Missouri.) ☐ Yes ☐ No

If yes, please explain:

7. STATE FRAUD WARNINGS

The statement for the applicant's state applies to this application.

APPLICABLE IN ALASKA, ARIZONA, CONNECTICUT, DELAWARE, GEORGIA, HAWAII, ILLINOIS, INDIANA, IOWA, KANSAS, MASSACHUSETTS, MICHIGAN, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, WISCONSIN, and WYOMING: 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 and subjects that person to criminal and civil penalties.

APPLICABLE IN ARKANSAS, LOUISIANA, PENNSYLVANIA, RHODE ISLAND and WEST VIRGINIA: 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.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON: 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 denial of insurance benefits.

APPLICABLE IN ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

APPLICABLE IN CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO: 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN DISTRICT OF COLUMBIA: 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.

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

APPLICABLE IN IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN KENTUCKY: 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.

APPLICABLE IN MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

APPLICABLE IN NEW MEXICO: 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.

APPLICABLE IN NEW YORK: 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 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.

APPLICABLE IN OHIO: 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.

APPLICABLE IN OKLAHOMA: 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 or submits an application for insurance containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud an insurer by filing an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, may be subject to prosecution for insurance fraud.

APPLICABLE IN PUERTO RICO:

Any person who knowingly files, presents, offers, participates in, or helps to file, present or offer any false document, information, statement or report in order to obtain an insurance policy shall be deemed to have committed fraud. Any person who furnishes information verbally or in writing, or offers any testimony on improper or illegal actions which, due to their nature constitute fraudulent acts in the insurance business, knowing that the facts are false shall incur a felony. Any person who has committed fraud shall incur a felony and upon conviction shall be punished for each violation by a fine of not less than five thousand dollars ($5,000), nor more than ten thousand dollars ($10,000), or a fixed term of imprisonment of three (3) years, or both penalties. Should aggravating circumstances be present, the fixed penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. Any person who benefits in any way from obtaining insurance, or the payment for a loss under an insurance contract, as a result of the fraud committed, shall be imposed a penalty of restitution corresponding to the amount of money resulting from the fraud.

APPLICABLE IN VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

8. DECLARATION & SIGNATURE

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.

Applicant signature

Date

Printed name

Title (if signing for an organization)

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

9. FOR SKYTERRA USE: INSURANCE PRODUCER

Insurance producer name

License state

State license number

Producer address

Broker of record for this applicant since