

NON-OWNED AIRCRAFT QUESTIONNAIRE



Intact Insurance Company

Policy Number (If applicable):			
Name of Insured/Applicant:			
Declared Production/Event:			
Dates and Location of Aircraft to be used:			
Full description of how the Aircraft will be used (please be specific):			
Est. number of flights:		Est. hours of use:	
About the Aircraft:			
Type of Aircraft:		Max. number of seats:	
Owner/Operator:		Value:	
Limits of coverage carried by operator:			
Liability:		Hull:	
Is a Certificate of Insurance provided by the owner/operator of the aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please attach a copy.			
Is the Production Company added as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the certificate include a Waiver of Subrogation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is pilot provided by owner/operator? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please advise their flying experience:			
Any low level, stunt or hazardous flying? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please describe:			
Any Equipment in/on the aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Equipment protection:			
Value:		Type of Mount:	
If mounted, please attach the CV of the technician who will be mounting the equipment on the aircraft.			
Non-Owned Liability Limit Required		Non-Owned Hull Limit Required:	
Copy of Charter Agreement attached <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature: _____

Date:

Submitted by:

(Name & Title)