

APPLICATION FOR REPLACEMENT POLICY

S/N: _____

A quotation for a new policy to replace the within referenced insurance policy is hereby requested. It is understood and agreed that all Endorsements, Special Conditions and Limitations which are part of the referenced policy will also be incorporated in the replacement policy.

1. At this date, the hours of service on the aircraft and overhaul particulars are as follows:

Total hours since new _____
 If overhauled, date of completion of last overhaul _____
 (a) At RHC factory Yes/No or _____
 (b) Name of Service Center _____
 (c) Hours since last overhaul _____

2. If pilots are to be named on the policy, please complete the following:

Pilot Name	License Number	Ratings	Total Heli Hours	Total R22 Hours	Total R44 Hours	Total R66 Hours	RHC Safety Course Date

3. If any of the above named pilots have had an accident/incident within the past five years, please complete the following:

Pilot Name	Date of Accident	Aircraft Make & Model	Aircraft s/n or Registration Number

4. Liability limit desired (please initial for quote): \$1,000,000 _____ or \$3,000,000 _____

5. Complete only if Breach of Warranty Coverage is required. Current amount of lien:

\$ _____

Date: _____ Applicant's signature: _____