

1) Name of applicant
2) Address:
3) Policy Period Required: Inception Date _____ Current Insurer _____
4) Business of applicant:
5) Geographical Limits: <input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> Worldwide (please specify)
6) Anticipated utilisation: _____ Hours per year.
7) Will you be taking training on your aircraft? If so <input type="checkbox"/> Ab initio <input type="checkbox"/> Advanced    Which facility ? _____
8) Aircraft Base (state airport): _____ <input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down <input type="checkbox"/> Not Tied Down

**9) LIABILITY COVERAGE**

LIMIT OF LIABILITY DESIRED	BODILY INJURY / PASSENGER LEGAL LIABILITY COVERAGE
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> Combined Single Limit      Limit applies to the combination of all claims arising from one event. Bodily Injury and / or property damage.
<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Passenger Legal Liability limited to \$100,000 per seat
<input type="checkbox"/> \$3,000,000	<input type="checkbox"/> Passenger Legal Liability limited to \$300,000 per seat
<input type="checkbox"/> \$4,000,000	
<input type="checkbox"/> \$5,000,000	

Currencies expressed in Canadian dollars, please tick one box from each side

Premises Liability Limit for base required \$ \_\_\_\_\_

**10) PILOT INFORMATION (Logged Pilot in Command Hours only)**

Name	Age	Total Hours	Multi-Engine Hours	Turboprop Hours	Make and Model Hours	Hours in last 12 Months	License Type & Endorsements

**11) FLEET SCHEDULE**

Make and Model	F / W / A	Year	Registration	Seat Capacity		Physical Damage Agreed Value	Combined Single Liability Limit
				Crew	Passengers		

F = Floats A = Amphibious W = Wheels

Please attach separate sheet for additional aircraft if required

Spares includes parts and equipment, tools, ground handling etc.

Spares Inventory Value \$ \_\_\_\_\_

**14) CLAIM AND VIOLATION HISTORY FOR PAST 5 YEARS - INCLUDE DATE OF LOSS, DESCRIPTION AND AMOUNT OF CLAIM**

Accidents: List all incidents, accidents in the past 5 years, whether or not an insurance claim was presented for all pilots above. (if none, state none)

Violations: List all violations that any of the pilots listed above have had in the past 5 years. (if none, state none)

**NON - DISCLOSURE CLAUSE**

You must ensure that you are complying with your duty of disclosure of all material matters and particularly that you satisfy yourself as to the accuracy and completeness of the information you provide to Insurers. In this respect you must provide all information, whether favourable or not, which might influence the judgement of a prudent Insurer in determining whether he will take the risk and if so, for what premium and on what terms. Failure to observe this obligation could void any contract entered into from inception and could lead to claims not being met.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_