



[Aviation Lines]

AVIATION GENERAL LIABILITY APPLICATION

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PART 1 GENERAL INFORMATION

Broker:	Broker Phone:
Broker Contact:	Broker Email:
Applicant Name:	
Mailing Address:	Postal Code:
Telephone No.:	Email:
Website:	

PART 2 COMPANY DETAILS

Do you currently have this type of Insurance? Yes No

If yes, please provide:

a) Renewal Date: (DD/MM/YYYY)

b) Current Insurance Company:

If no, have you ever carried this Insurance before? Yes No

Applicant is: Individual: Partnership: Corporation: Municipality:

Business of Applicant: (mark each category that applies to you)

Aircraft Cleaning	<input type="checkbox"/>	Airport Operator	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>
Aircraft Engine Overhaul	<input type="checkbox"/>	Commercial Air Service	<input type="checkbox"/>	Ramp Service	<input type="checkbox"/>
Aircraft Maintenance	<input type="checkbox"/>	Flying School/ Flying Club	<input type="checkbox"/>	Refueller	<input type="checkbox"/>
Aircraft Parts/ Sales or Distribution	<input type="checkbox"/>	Independent Contractor	<input type="checkbox"/>	Other (Please describe below)	<input type="checkbox"/>
Aircraft Propellor Overhaul	<input type="checkbox"/>				

Applicant is: (mark each category that applies to you)

Airport Lessee	<input type="checkbox"/>	Lessee/ Tenant of Hangar or Office	<input type="checkbox"/>	Other (Please describe below)	<input type="checkbox"/>
Airport Owner	<input type="checkbox"/>	Off Airport	<input type="checkbox"/>		
Hangar Owner	<input type="checkbox"/>	Operator of Ticket Counter	<input type="checkbox"/>		

If Hangar Owner, are you the Sole Occupant? Yes No

Please provide details of the Hangar(s) you own or occupy:

Age	Size	Construction	Heating	Sprinklered	
1)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 3 HANGARKEEPERS COVERAGE

This part should be completed if you in any way store or have aircraft that you do NOT own but are in your care, custody, or control.

Details of any Hangar that you own or occupy:					
Age	Size	Construction	Heating	Sprinklered	
1)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
2)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3)				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you the sole occupant of the Hangar(s)? Yes No

If no, please provide details of all other occupants:

1)	5)
2)	6)
3)	7)
4)	8)

Hangared Aircraft:

Number of third-party aircrafts usually Hangared: *(Please provide valued amount)*

	Average	Maximum
Value of any one Aircraft	\$	\$
Value of all Aircrafts	\$	\$

Aircraft tied down:

Number of third-party aircrafts usually tied down: *(Please provide valued amount)*

	Average	Maximum
Value of any one Aircraft	\$	\$
Value of all Aircrafts	\$	\$

Are aircrafts of others towed or moved? Yes No

Describe fire protection facilities:

PART 4 PRODUCTS COVERAGE (Excluding Manufacturers)

This part should be completed if you work on third party aircrafts or sell aircraft or parts.

	Gross Receipts of Applicant for:		Past 12 Months	Estimated Next 12 Months
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Labor from routine maintenance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Labor from airframe repair/ overhaul:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Labor from engine repair/overhaul:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

Labor from propeller repair/overhaul:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Labor from avionics repair/overhaul:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
All parts installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
New parts not installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Used parts not installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Avionics sales not installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Painting operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
New aircraft sales:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Used aircraft sales:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Fuel and Lubricants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

Description of other:

Which types of aircrafts are usually worked on: *(Please provide amount)*

<input type="checkbox"/> Single engine piston:	<input type="checkbox"/> Small jet:	<input type="checkbox"/> Helicopters:
<input type="checkbox"/> Twin engine piston:	<input type="checkbox"/> Large jet:	<input type="checkbox"/> Other:
<input type="checkbox"/> Turbine:	<input type="checkbox"/> Floatplanes:	

Percentage of Fixed Wing Gross Receipts: % Percentage of Rotary Wing Gross Receipts: %

Details of Principal Engineers:

Name	Type of License	Total years of experience	Years employed by applicant	Any claims	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you said yes to any of the above, please provide details:

PART 5 AIRPORT/ HELICOPTOR COVERAGE

To be completed by Airport owners, if you lease an airport, or if you are responsible for an airport.

Description of Airport:			
Runway	Construction	Length (m/Km)	Width

Is the airport fenced? Yes No

Is there an Airport Manager? Yes No If yes, who employs the Manager?

Is there a fire station located at the airport? Yes No If no, how far from the airport: (KM's)

What emergency equipment is located at the airport:

Does Applicant maintain an air crash emergency plan? Yes No

Is the airport used at night? Yes No

Is the airport operational during the winter months? Yes No

If yes, do you provide snow clearing maintenance? Yes No If no, who does?

Do you insist that this contractor carry insurance? Yes No

Do you provide grass cutting and general maintenance of the airport? Yes No If no, who does?

Do you insist that this contractor carry insurance? Yes No

Air traffic is: Controlled by tower Handle by Unicom Uncontrolled

Number of aircraft based at the airport:

Largest aircraft regularly using the airport:

Types of Scheduled aircraft using the airport:

Operator	Aircraft	Frequency

Number of annual aircraft movements:

Scheduled Operators:

General Aviation:

Does Applicant host sponsor any air shows? Yes No

PART 6 CONTRACTOR'S COVERAGE

This part should be completed by Applicants that have specific contracts at airports which do NOT directly involve aircraft

Type of Contract:			Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
Snow Removal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Grass Cutting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Runway or taxiway construction/ repair/ re-surfacing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Building construction/ alteration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Fuel deliveries (not to aircraft)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

Cargo/ courier warehouse pick-up	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Escort vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Electrical work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

Describe contract fully (areas cleared of snow, precise location of work, where pick-ups or deliveries are made, frequency of visits, etc.):

How many years of experience does the Applicant have providing this type of **airport** service:

Is the work performed on an annual basis? Yes No If no, please advise of the short-term period:

Does the contract require a specific period for completed operations cover? Yes No If yes, please advise of the period:

Do you subcontract part of the contract? Yes No

If yes, are the subcontractors required to be protected by the Applicant? Yes No

If no, do you require the subcontractors to carry their own insurance? Yes No

What safety precautions will be taken while work is performed? (**Please describe**)

When will the work be performed (**DD/MM/YYYY**):

Is this entirely during airport operational hours? Yes No

Partly during airport operational hours: Yes No

Not during airport operational hours: Yes No

PART 7 RAMP SERVICES COVERAGE

This part should be completed if you provide any service to third party aircraft for preparation of a flight.

Type of Contract:			Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
Loading/ unloading of passenger baggage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Loading/ unloading of cargo	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Marshalling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
De-icing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Towing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Power Starts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

Fueling (complete Part 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Description of Other:				
	Piston/ Turbo Prop Aircraft		Jet Aircraft	
Advise frequency of services: (<i>per week</i>)				
Types of Aircraft serviced:				
List the principal aircraft operators serviced:				
1)			3)	
2)			4)	
How many years of experience does the Applicant have providing the type of aviation service?				

PART 8 FUELING COVERAGE

This part should be completed if you provide fuel to third party aircrafts

The Applicant fuels by: (**Choose all that apply**)

Fuel Truck Gas Pump Other (please describe):

Are fuel tanks: Above ground Below ground

Type of fuel: AV Gas Jet Fuel

Type of aircraft usually fueled: Small Jets Pistons Turbines Large Jets

Annual Sales:	Gross Receipts:		Litres Pumped:	
	(Past 12 months)	(Next 12 months)	(Past 12 months)	(Next 12 months)
AV Gas:	\$	\$	\$	\$
Jet Fuel:	\$	\$	\$	\$

List the principal customers:

1)

2)

3)

4)

5)

Is fueling of an aircraft always performed by your employees: Yes No

Are you responsible for fuel testing and quality assurance: Yes No If no, who is?

Is there any training program in fuel handling and aircraft fueling procedures: Yes No

Is there a fire station located at the airport: Yes No If no, then how far from the airport: (KM's)

What emergency equipment is located at the airport?

How many years of experience does the Applicant have providing this type of aviation service:

PART 9 MANUFACTURER COVERAGE

This part is to be completed if you manufacture any items relating to the Aviation industry

Describe all products manufactured:

Gross Receipts of Applicant for:			Past 12 months	Estimated next 12 months
General Aviation Fixed Wing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
General Aviation Helicopters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Commuter Airlines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Major Airlines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Military Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Spacecraft/Satellites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Other: describe below	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

(i.e., Homebuilts, Ultralights, Gyrocopters, Gliders, Balloons)

Is a brochure of the Applicant issued? Yes No If yes, please provide a copy and copies of any Warranties provided.

Describe quality control procedures of Applicant or Applicant's external manufacturers:

State current principal customers and percentage of sales for each:

Customer	Country Located	Percentage
		%
		%
		%
		%
		%

List any discontinued products for which coverage is required:

1)

2)

3)

4)

5)

6)

What portion of the products are manufactured or assembled by outside companies or manufactured by the Applicant to the specifications of others?

Product	Manufactured/ assembled by an outside company. (state company)	Manufactured by Applicant specification of others (state company)

Describe the potential hazards of all products:

Has any product ever been subject to any recall by the Applicant or others, or subject to any Airworthiness Directive? Yes No

How many years of experience does the Applicant have manufacturing **aviation** products:

List all claims for the past 10 years including incidents which could result in a claim:
(Please enter date as DD/MM/YYYY)

Date of Loss	Description	Amount	Insurer (if applicable)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

PART 10 COVERAGES REQUIRED

This part outlines the coverages you require and confirms to us that the statements you have made in this application as being correct

Are there any further details or comments that the Applicant would like to state to describe the operation? Yes No

If yes, please provide details:

The Coverage required for quotation purposes are as follows:

Coverage	Limit Each Aircraft	Limit Each Occurrence
a) Airport or Premises Property and Operations		
<i>*Extension for Tenants Legal Liability</i>		
b) Hangarkeepers Liability		
c) Products or Manufacturing Coverage		
d) Contractors Coverage (combines (a) and (c))		
e) Fueling (combines (a), (b) and (c))		
<i>An annual aggregate limit applies to (c)</i>		

Has any insurer ever cancelled, declined, or refused to renew this type of insurance? Yes No

If yes, please provide details

PART 11 CLAIMS HISTORY

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: Yes No

- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: Yes No

- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: Yes No

- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? Yes No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU

*Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____