



[Aviation Lines]

## COMMERCIAL AIRCRAFT 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:	

**Principals** *(supply background information including how long employed in that position)*

Owners:	
President:	Operations Manager:
Chief Pilot:	Chief Engineer:
Others of Note:	

## PART 2 COMPANY OPERATIONS

How long have you been in operation? Since: \_\_\_\_\_ To: \_\_\_\_\_

Do you advertise your operation in the United States?  Yes  No

Describe any operations you have involving flights into the United States:

**Please complete this chart outlining the details of your operations in full and ensure that it is completed to the full extent of your knowledge.**

CHECKLIST <i>(put a "check" and percentage %)</i>	Percent (%)	Regular	Rare if ever	Not anticipated
<b>Schedule Work:</b> Please provide details of all routes and frequency of flights. Attach schedules.	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Charter Work:</b>	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flying Club:</b>	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total (the above categories must equal 100%)</b>	%			

**CHARTER WORK** *(breakdown this work by cargo and people listed below as a percentage to the total charter work you do)*

Cargo:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>People</b> (state overall activity and then breakdown this by the a) & b) categories below)				
a) Sightseeing/Tourism (include guests to lodges):	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Transportation of people in course of their work:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Canadian Residents	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) US or Foreign Residents	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Specific Work</b>				
Survey:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mining – Oil/Gas:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power/Pipeline Patrol:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Ambulance:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Patrol:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spraying – Agricultural:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training – Ab Initio:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Advanced:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Recurrent – Employees:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Outsiders:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Specific Work</b>				
Forestry – Patrol:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Logging:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Shakes:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Fire Bucket:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Personnel Support:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slung Cargo:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heli Skiing:	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please advise any material points regarding your operation not described in the table above:				

<b>Miscellaneous</b>
Are there any proposed expansions or changes of note: <i>(Please describe below)</i>
Other pertinent information of interest: <i>(Please describe below)</i>

**PART 3 COMPANY DETAILS**

**CURRENT PILOT ROSTER**

*Note: Times shown may not be exact but best available by your records at this time.*

**FIXED WING EXPERIENCE**

Pilot Name	Age	Total Time	Total Floats	Total M/E	Time on Type	Aircraft to be flown	Total last 12 months	Accidents**

**ROTARY WING EXPERIENCE**

Pilot Name	Age	Total Time	Total Turbine	Time on Type	Aircraft to be Flown	Last 30 Days	Total last 12 Months	Accidents**


\*\* Give a brief description of any accidents that you, or any of your pilots have had in the past 5 years, including date of loss, brief details involving accident(s), amount of loss: *(Attach separate sheet if necessary)*

\*\* Give a brief description of any violations that you or your pilots have had in the past 5 years: *(Attach separate sheet if necessary)*

**Non-Owned Aircraft Liability**

Annual Hours (if any) you used aircraft not owned and not insured by you:

Maximum number of seats in the aircraft:

Name of Operator:

**Schedule of Aircraft:** *(Attach separate sheet if necessary)*

Item No.	Registration	Make & Model	Hull Coverages Required (state NONE/ARFG/ or ARG)	Agreed Value	Passenger Seats (excluding pilot)	Limit of Liability	Utilization Expected Next 12 months	
							Days	Hours
				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		

				\$		\$		
				\$		\$		
				\$		\$		
				\$		\$		

**ARFG – All Risks Flight**  
**ARG – All Risks Ground**

**SPARES (Parts & Equipment, Tools, Ground Handling, etc.):**

Total Value of all spares for coverage: \$ Maximum any one location: \$

Do you have your spares computerized?  Yes  No

**PART 4 AVIATION GENERAL LIABILITY INFORMATION**

**Premises Liability**

Are there any locations to be noted other than your main base?  Yes  No

Do you lease or own your main base?  Yes  No

Are you the sole occupant of the building?  Yes  No If No, who else shares it?

**Facilities/ Bases:**

Description (type of base)	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
4)					<input type="checkbox"/> Yes	<input type="checkbox"/> No
5)					<input type="checkbox"/> Yes	<input type="checkbox"/> No

Limits required: CAD \$ USD \$

**Hangarkeepers Liability**

Do you regularly store or have in your care, aircraft owned by others?  Yes  No

If the answer is Yes, what is the Value of any one aircraft: Average \$ Maximum \$

Value of all aircraft: Average \$ Maximum \$

Do you have any test flights to customer aircraft?  Yes  No

If so, what is the maximum value of aircraft, and give type expected? \$

Do you obtain a waiver from the owner(s)?  Yes  No If Yes, have you attached a copy of waiver sample?  Yes  No

Limits required: Any one aircraft: \$ Any one occurrence: \$

**Products Liability**

Indicate your gross receipts **from others** for any of the following expected in the next twelve months:

	CAD	USD
Fuel and Oil Sales:	\$	\$
Aircraft parts installed:	\$	\$
Aircraft parts sold:	\$	\$
New Aircraft:	\$	\$
Used Aircraft:	\$	\$
Labour Running Maintenance:	\$	\$
Labour Repair & Overhaul:	\$	\$
Limits Required:	\$	\$

**PART 5 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: \_\_\_\_\_