[Aviation]

NON-OWNED AIRCRAFT APPLICATION

Reset Form

[Aviation LInes]

NON-OWNED AIRCRAFT APPLICATION

PART 1 GENERAL INFORMATION

Broker:	Broker Phone:	
Broker Contact:	Broker Email:	
Applicant Name:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	
Email:	Website:	
Type of Business:		
Number of Offices:	Number of Employees:	

PART 2 AIRCRAFT DETAILS

Do you own any aircraft? ☐ Yes ☐ No

If yes, please state the make and model:

Do you have employees specifically employed as pilots? ☐ Yes ☐ No

If yes, please provide the qualifications of these pilots

Name	Age	Single Engine	Multi Engine	Rotary Engine	Make & Model	Total Time

Do any of your other employees use their own fixed wing or rotary wing aircraft on company business? ☐ Yes ☐ No

If yes, please provide the:

a) Make & Model of the Aircraft flown:

b) Qualifications of these pilots:

Name	Age	Single Engine	Multi Engine	Rotary Engine	Make & Model	Total Time

Do you or your employees charter or rent **fixed wing** aircraft for company business? ☐ Yes ☐ No

If yes, please provide details:

a) Purpose:

b) Make & Model of Aircraft used:

c) Seating Capacity (including crew): Average: Maximum:

d) Approximate number of hours flown annually: Chartered (other than your own pilot):

Rented (piloted by your employees or your pilots):

Do you, or your employee's charter or rent **rotary wing** aircraft for company business? ☐ Yes ☐ No

If yes, please provide details:

a) Purpose:

b) Make & Model of Aircraft used:

c) Seating Capacity (including crew): Average: Maximum:

d) Approximate number of hours flown annually: Chartered (other than your own pilot):

Rented (piloted by your employees or your pilots):

Is there any flying done on your behalf by subcontractors or joint ventures? ☐ Yes ☐ No

Do you assume any liability under contract? ☐ Yes ☐ No

If yes, please provide a copy of the contract(s)

Please provide the total aircraft utilization in hours:

Within Canada:	Within the USA:	Elsewhere:	State where:

PART 3 COVERAGE REQUIRED

Do you currently have this type of insurance? ☐ Yes ☐ No

If yes, please advise:

Current Insurance Company: Renewal Date:

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

Has any Insurance Company declined or refused to renew this type of insurance? ☐ Yes ☐ No

If yes, please provide details:

LIABILITY COVERAGE:

Please indicate the limit of liability coverage you require a quotation on:

☐ $1,000,000 ☐ $2,000,000 ☐ $5,000,000 ☐ $10,000,000 ☐ Other Limit $

Is coverage required for fixed wing aircraft only? ☐ Yes ☐ No

Is coverage required for rotary wing aircraft? ☐ Yes ☐ No

If yes, please state the maximum number of passenger seats (including crew):

NON-OWNED HULL COVERAGE:

If yes, please provide:

a) Maximum value of any aircraft:

b) Principle operators you charter/ rent from:

PART 4 CLAIMS HISTORY

Have you ever had a claim made against you for an aircraft you have chartered or rented? ☐ 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:

SUBMIT