



[Aviation Lines]

PRIVATE AIRCRAFT APPLICATION

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PART 1 GENERAL INFORMATION

Broker Information

Broker:

Broker Phone:

Broker Contact:

Broker Email:

Applicant Name

First Name:

Initial:

Last Name:

Registered Owner(s) if different from above:

Occupation:

Mailing Address

Street:

City:

Province:

Postal Code:

Telephone Number:

Fax Number:

Email:

Website:

Name of Present Insurer:

Expiry Date:

Do you own your own aircraft? Yes No

If Yes, name of Insurer:

Has any Insurer cancelled or refused to renew your aircraft insurance policy in the past 5 years? Yes No

If yes, what was the reason(s):

Usual geographic area of operation:

Will you be training on your aircraft? Ab initio Advanced Recurrent No

Which training facility will you be using?

PART 2 AIRCRAFT DETAILS

Where is the aircraft based?

Is aircraft: Hangared: Tied down: Not tied down:

Written Lease/ Rental Agreement with Airport Owner: Yes No

Do you hold your storage provider harmless for physical damage to your aircraft? Yes No

Is the aircraft subject to any lien? Yes No Amount: \$

State name and address of Lienholder and/ or Lessor:

Registration:	Year:	Make & Model:	Passenger seats excluding crew:
How is the aircraft registered? (Choose one)			
Normal	<input type="checkbox"/>	Amateur Built	<input type="checkbox"/>
Ultralight	<input type="checkbox"/>	Advanced Ultralight	<input type="checkbox"/>

Helicopter	<input type="checkbox"/>	Gyrocopter	<input type="checkbox"/>	Balloon	<input type="checkbox"/>	Glider	<input type="checkbox"/>
Agreed Hull Value – Amount of Insurance requested: \$							
Wheels \$	Skis \$		Floats \$		Amphibian \$		
Does agreed Hull Value represent Present Market Value? <input type="checkbox"/> Yes <input type="checkbox"/> No							

If No, please explain:

Hull Insurance (check as required)		State Limit of Liability required	
All Risks Flight and Ground	<input type="checkbox"/>	\$	Single Limit Property Damage Plus Bodily Injury including pass
All Risks Ground excluding Taxiing	<input type="checkbox"/>	\$	Single Limit Property Damage Plus Bodily Injury excluding pass
All Risks Ground including Taxiing	<input type="checkbox"/>	\$	Single Limit Passenger Coverage per seat

PART 3 PILOT DETAILS

	Pilot 1		Pilot 2		Pilot 3	
Name						
Date of Birth (mm/dd/yyyy)						
Medical Category						
Date of Last Medical (mm/dd/yyyy)						
License number						
Endorsements to License						
Total Time last 12 months	Hours:		Hours:		Hours:	
Estimated flying next 12 months	Hours:		Hours:		Hours:	
Fixed Wing Experience:						
	PIC	DUAL	PIC	DUAL	PIC	DUAL
Total Time						
Total Time on Make & Model						
Total Time on Floats						
Total Time on Amphibian						
Total Retractable						
Total Time Taildragger						
Total Time Multi Engine						
Total Time Turbine						
Total Type Time last 60 days						
Total Type Time last 12 months						
Rotary Wing Experience:						
Total Time						
Total Time on Make & Model						

Total Type last 60 days						
Total Time last 12 months						

Rotary Wing Turbine Experience:

Total Time						
Total Time on Make & Model						
Total Type last 60 days						
Total Time last 12 months						

Give a brief description of any accidents and incidents 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:

Give a brief description of any violations that you, your operation, or any of your pilots have had in the past 5 years:

PART 4 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: