

Commercial Aircraft Application Form

APPLICANT DETAILS

Name of Insured:
 Street Address:
 City: Province: Postal Code:
 Current Insurer: Date Coverage Required/Expiry Date:
 Has prior insurance ever been cancelled or non-renewed? Yes No

PRINCIPAL

Owner:
 Chief Pilot:
 Operations Manager:

FACILITIES

Bases:
 Description:

OPERATIONS

How many years have you been in operation?
 Do you advertise in the United States?
 Website:
 Describe any operations you have involving flight into the United States:

AIRCRAFT DETAILS

Year, Make & Model	Regn	Hull Coverages Required	Agreed Value	Land Ski Floats	Pass Seats (excl pilot)	Limit of Liability	Utilization Expected	
							Days	Hours
Spares: (parts, equipment, tools, ground handling etc.)		Total Value			Max. any one location		Are your spares computerized?	
\$		\$			Yes <input type="radio"/> No <input type="radio"/>			

PILOTS

Name	Age	Total Time	Total Floats	Total M/E	Time on Type	Aircraft to be Flown	Total Last 12 Months	Accidents

OPERATION CHECKLIST

	%	Regular	Infrequent	Not Anticipated
Schedule Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charter		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight Training		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Charter Work (breakdown this work by cargo and people listed below)</i>				
Cargo:				
Transportation of people in course of their work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sightseeing or tourism:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Residents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
US or foreign residents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific work:				
Survey - mapping, seismic, aerial photography		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power or pipeline patrol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic patrol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air ambulance		<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"/>
Spraying - agricultural or forestry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heli-skiing/fishing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forestry:				
Heli-logging		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire patrol		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)

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The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

Applicant's Signature	Date
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Broker's Name	Contact
Email	Phone