

AVIATION GENERAL LIABILITY

NAMED INSURED INFORMATION			
NAME OF INSURED	PHONE	FAX	EMAIL
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

CURRENT INSURER	
NAME	EXPIRY DATE

PRINCIPAL OWNER

BUSINESS			
NUMBER OF FULL TIME EMPLOYEES	NUMBER OF PART TIME EMPLOYEES	YEARS IN BUSINESS	
TYPE OF BUSINESS			
Aircraft Maintenance	<input type="checkbox"/> yes <input type="checkbox"/> no	Aircraft Cleaning	<input type="checkbox"/> yes <input type="checkbox"/> no
Aircraft Engine Overhaul	<input type="checkbox"/> yes <input type="checkbox"/> no	Fuel Supplier	<input type="checkbox"/> yes <input type="checkbox"/> no
Aircraft Propeller Overhaul	<input type="checkbox"/> yes <input type="checkbox"/> no	Ramp Service	<input type="checkbox"/> yes <input type="checkbox"/> no
Aircraft Sales	<input type="checkbox"/> yes <input type="checkbox"/> no	Independent Contractor	<input type="checkbox"/> yes <input type="checkbox"/> no
Commercial Air Service	<input type="checkbox"/> yes <input type="checkbox"/> no	Manufacturer	<input type="checkbox"/> yes <input type="checkbox"/> no
Flying School	<input type="checkbox"/> yes <input type="checkbox"/> no	Other	<input type="checkbox"/> yes <input type="checkbox"/> no

PLEASE DESCRIBE "OTHER"

LOCATION OF PREMISES					
AIRPORT PROXIMITY					
<input type="checkbox"/> on airport <input type="checkbox"/> off airport					
STATE ALL LOCATIONS	AGE (YEARS)	SIZE	CONSTRUCTION TYPE	HEATING	SPRINKLERS
1.				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2.				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
3.				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
4.				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

ARE YOU SOLE OCCUPANT OF YOUR HANGER OR PREMISES?	
<input type="checkbox"/> yes <input type="checkbox"/> no	
IF NO, LIST OTHER OCCUPANTS	
1.	5.
2.	6.
3.	7.
4.	8.

DESCRIBE FIRE PROTECTION FACILITIES AVAILABLE TO YOUR LOCATIONS

DO YOU EXPECT TO DO ANY CONSTRUCTION WORK ON YOUR PROPERTY IN THE NEXT 12 MONTHS?
<input type="checkbox"/> yes <input type="checkbox"/> no

IF YES, DESCRIBE

DO YOU HAVE ANY WRITTEN AGREEMENT HOLDING OTHER PARTIES HARMLESS?
yes no

IF YES, PROVIDE DETAILS

HANGARKEEPERS COVERAGE

NUMBER OF AIRCRAFT IN YOUR CARE, CUSTODY OR CONTROL

	AVERAGE		MAXIMUM	
	HANGARED	TIED DOWN	HANGARED	TIED DOWN
VALUE OF ANY ONE AIRCRAFT	\$	\$	\$	\$
VALUE OF ALL AIRCRAFT	\$	\$	\$	\$

ARE YOU RESPONSIBLE FOR MOVING OTHER PEOPLE'S AIRCRAFT?
yes no

DO YOU HAVE ANY SIGNED AGREEMENT SUCH AS A HOLD HARMLESS FOR AIRCRAFT THAT ARE IN YOUR CARE, CUSTODY OR CONTROL?
yes no *If yes, please attach a copy of the standard agreement*

RAMP SERVICES

TYPE OF OPERATION	PROVIDE SERVICE	HOW LONG (YRS)	ACTUAL REVENUE PAST 12 MONTHS	ESTIMATED REVENUE NEXT 12 MOS
Loading/Unloading Of 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		\$	\$
Deicing	<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		\$	\$
Fuelling Av Gas	<input type="checkbox"/> yes <input type="checkbox"/> no		\$	\$
Fuelling Jet Fuel	<input type="checkbox"/> yes <input type="checkbox"/> no		\$	\$
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no		\$	\$
Other	<input type="checkbox"/> yes <input type="checkbox"/> no		\$	\$

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LITRES OF AV GAS PUMPED, IF YES LITRES OF JET FUEL PUMPED, IF YES

FREQUENCY OF SERVICE

TYPE OF PISTON/TURBO PROP	HOW OFTEN PER WEEK	TYPE OF JET AIRCRAFT	HOW OFTEN PER WEEK
1.		1.	
2.		2.	
3.		3.	
4.		4.	

WHO ARE YOUR PRINCIPAL CUSTOMERS?
 1. 2. 3. 4.

DO YOU HAVE ANY AGREEMENTS WITH YOUR MAJOR CUSTOMERS WHERE THEY HAVE AGREED TO HOLD YOU HARMLESS?
yes no *If yes, please attach a copy of the agreement*

PRODUCTS COVERAGE		
GROSS RECEIPTS FROM	ACTUAL REVENUE PAST 12 MONTHS	ESTIMATED REVENUE NEXT 12 MOS
Labour From Routine Maintenance	\$	\$
Labour From Airframe Repair/Overhaul	\$	\$
Labour From Engine Repair/Overhaul	\$	\$
Labour From Propeller Repair/Overhaul	\$	\$
Labour From Avionics Repair/Overhaul	\$	\$
All Parts Installed	\$	\$
Avionics Sales Not Installed	\$	\$
New Parts Installed	\$	\$
Used Parts Installed	\$	\$
New Aircraft Sales	\$	\$
Used Aircraft Sales	\$	\$
Painting	\$	\$
Fuel If Receipts Exceed \$75,000, Please Complete Ramp Service Questions	\$	\$
Other	\$	\$

PLEASE DESCRIBE "OTHER"

TYPE OF AIRCRAFT	WORKED ON	GROSS RECEIPTS AS A PERCENTAGE
Single Engine Piston	<input type="checkbox"/> yes <input type="checkbox"/> no	
Twin Engine Piston	<input type="checkbox"/> yes <input type="checkbox"/> no	
Turbine	<input type="checkbox"/> yes <input type="checkbox"/> no	
Jets	<input type="checkbox"/> yes <input type="checkbox"/> no	
Helicopters	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> yes <input type="checkbox"/> no	

NAMES OF PRINCIPAL ENGINEERS	TYPE OF LICENSE	YEARS EXPERIENCE	YEARS EMPLOYED BY YOU	ANY CLAIMS

COVERAGES REQUIRED		
	LIMIT EACH OCCURRENCE	ALTERNATE LIMITS
1. Airport Of Premises, Property And Operations	Limit Each Occurrence	\$ \$
1A. Tenants Legal Liability	Limit Each Occurrence	\$ \$
1B. Tools And Equipment	Limit Any One Location	\$ \$
	Limit Per Occurrence	\$ \$
2. Hangarkeepers	Limit Per Aircraft	\$ \$
	Limit Per Occurrence	\$ \$
3. Products	Limit Per Occurrence	\$ \$
	Limit In Aggregate	\$ \$
4. Fuelling Combines 1, 2 And 3 Above, But Not 1B	Limit Each Occurrence	\$ \$
5. Contractors Combines 1, 2 And 3 Above, But Not 1B	Limit Each Occurrence	\$ \$

LOSS AND VIOLATION HISTORY

GIVE A BRIEF DESCRIPTION OF ANY ACCIDENTS THAT YOU OR YOUR OPERATION HAVE HAD IN THE PAST 5 YEARS, INCLUDING DATES OF LOSS, DETAILS OF THE ACCIDENT AND AMOUNT OF LOSS

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BROKER INFORMATION

NAME	PHONE	FAX	EMAIL

CONFIRMATION

I confirm that all the information given in this application is true and complete to the best of my knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the Insurer shall be the basis of any contract between the Insurer and me.

APPLICANT'S SIGNATURE	TITLE	DATE