

## COMMERCIAL AIRCRAFT

Please complete and sign this application and forward it to AVRO Insurance Managers Ltd. by fax (604-608-3384) or email (underwriting@avroins.ca).

APPLICANT INFORMATION			
NAME	PHONE	FAX	EMAIL
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

PRINCIPALS	
	NAME
Owners	
Chief Pilot	
Operations Manager	

FACILITIES	
BASES	DESCRIPTION
1.	
2.	
3.	

OPERATIONS	
OPERATING CERTIFICATE	HOW MANY YEARS HAVE YOU BEEN IN OPERATION?
<input type="checkbox"/> Domestic only <input type="checkbox"/> Domestic and International	

PLEASE ADVISE OF ANY MATERIAL POINTS REGARDING YOUR OPERATION NOT DESCRIBED IN THIS APPLICATION

WEBSITE	DO YOU ADVERTISE YOUR OPERATION IN THE UNITED STATES?
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

DESCRIBE ANY OPERATIONS YOU HAVE INVOLVING FLIGHTS INTO THE UNITED STATES

WORK TYPE		
	FREQUENCY	PERCENTAGE
Schedule Work <i>Please attach schedules detailing all routes and frequency of flights</i>	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
Charter Work	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
Rental	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
Student Instruction	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
<b>Total</b> <i>The above categories must equal 100%</i>		<b>100%</b>
BREAKDOWN OF CHARTER WORK		PERCENTAGE
Cargo	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
People	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
<b>Total</b> <i>The above categories must equal 100%</i>		<b>100%</b>
BREAKDOWN OF PEOPLE		PERCENTAGE
Transportation of people in the course of their work	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
Sightseeing/Tourism (including guests to Lodges)	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
<b>Total</b> <i>The above categories must equal 100%</i>		<b>100%</b>

BREAKDOWN OF SIGHTSEEING/TOURISM	FREQUENCY	PERCENTAGE
Canadian Residents	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
American Residents	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated	
<b>Total</b>	<b>The above categories must equal 100%</b>	<b>100%</b>

SPECIFIC WORK	
	FREQUENCY
Survey	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Mining - Oil and Gas	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Power/Pipeline Patrol	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Air Ambulance	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Traffic Patrol	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Spraying - Agricultural	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Rental	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Training - Ab Initio	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Training - Advanced	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Training and Recurrent - Employees	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated
Training and Recurrent - Outsiders	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever <input type="checkbox"/> Not anticipated

CURRENT PILOT ROSTER						
	1	2	3	4	5	6
Name						
Age						
Total Hours						
PIC Hours						
Multi Engine Hours						
Turbine Hours						
Aircraft Models to be Flown						
Hours on:						
Hours on:						
Hours in the past 12 months						
Losses, Accidents or Violations	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Please detail any losses, accidents and violations in the Loss & Violation History section.						

MISCELLANEOUS
PROPOSED EXPANSION OR CHANGES OF NOTE

SCHEDULE OF AIRCRAFT						
ITEM NUMBER	1	2	3	4	5	6
Registration Number						
Make & Model						
Hull Coverages Specify:	In motion and not in motion	In motion and not in motion	In motion and not in motion	In motion and not in motion	In motion and not in motion	In motion and not in motion
Market Value	On Wheels On Floats On Skis Ambhibian	On Wheels On Floats On Skis Ambhibian	On Wheels On Floats On Skis Ambhibian	On Wheels On Floats On Skis Ambhibian	On Wheels On Floats On Skis Ambhibian	On Wheels On Floats On Skis Ambhibian
Number of Passenger Seats						
TP Limit of Liability						
Passenger Limit of Liability						
Utilization Expected for Next 12 Months	___ days ___ hours	___ days ___ hours	___ days ___ hours	___ days ___ hours	___ days ___ hours	___ days ___ hours

LIEN HOLDERS / LOSS PAYEES			
ITEM NUMBER	NAME	ADDRESS	IF BREACH OF WARRANTY CLAUSE IS REQUIRED, ADVISE AMOUNT OF LIEN
1			
2			
3			
4			
5			

LOSS AND VIOLATION HISTORY	
YEAR	DETAILS

GENERAL LIABILITY INFORMATION	
PREMISES LIABILITY	
ANY LOCATIONS TO BE NOTED OTHER THAN YOUR MAIN BASE?	
DO YOU LEASE OR OWN YOUR MAIN BASE?	ARE YOU THE SOLE OCCUPANT OF THE BUILDING?
<input type="checkbox"/> lease <input type="checkbox"/> own	<input type="checkbox"/> yes <input type="checkbox"/> no
IF NOT, WHO ELSE SHARES?	LIMIT REQUIRED
	\$

GROUND HANGARKEEPERS LIABILITY		
DO YOU REGULARLY STORE OR HAVE IN YOUR CARE AIRCRAFT OWNED BY OTHERS?		
<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, advise of values below.</i>		
	AVERAGE	MAXIMUM
Value any one aircraft	\$	\$
Value all aircraft	\$	\$
DO YOU OBTAIN A WAIVER FROM THE OWNER(S)?		
<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, attach a copy of the waiver sample.</i>		
LIMIT REQUIRED ANY ONE AIRCRAFT	LIMIT REQUIRED ANY ONE OCCURRENCE	
\$	\$	

PRODUCTS LIABILITY	
	GROSS RECEIPTS EXPECTED FROM OTHERS IN NEXT 12 MONTHS
Fuel and Oil Sales	\$
Aircraft Parts Installed	\$
Aircraft Parts Sold	\$
New Aircraft	\$
Used Aircraft	\$
Labour Running Maintenance	\$
Labour Repair and Overhaul	\$
LIMIT REQUIRED	
\$	

BROKER INFORMATION			
NAME	PHONE	FAX	EMAIL

**CONFIRMATION**  
 I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until AVRO Insurance Managers Ltd effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by AVRO Insurance Managers Ltd, the full amount of premium becomes immediately due and payable. I/We authorize AVRO Insurance Managers Ltd. to investigate all or any qualifications or statements contained herein.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	TITLE	DATE

We respect your right to privacy and take care to ensure that all the information provided to us is handled and stored in a confidential manner. Personal information will only be requested from you when it is required to enable us to provide our services to you, and we will seek your consent to use it for communicating with you, assessing your application for insurance, disclosing information to Insurance Companies, negotiating, maintaining or renewing insurance on your behalf, providing claims assistance and service, advising you of other products or services and complying with regulators and legal authorities. We will not use such information without your consent, or pass or sell such information to other parties not involved in assisting us to provide our services to you.