

## COMMERCIAL HELICOPTER

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	
OPERATION	Percentage
Cargo only	
Transport of people in course of their work (passengers covered under Workman's Comp)	
Executive Passenger Transport	
Tourist Transport	
<b>Total</b> <span style="color: orange;">The above categories must equal 100%</span>	<b>100%</b>

SPECIFIC WORK WITH EXTERNAL LOADS		
	FREQUENCY	% OF TOTAL EXTERNAL LOAD HOURS
Bird Towing	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Camp / Drill Rig Setup	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Patrol	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Logging	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Chokers (shuttle)	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Shake Hauling	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Water Bucketing	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Drip Torch	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Personnel Support	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Forestry - Spraying	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Hydro - Tower Construction	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Hydro - Line / Insulator Install	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Hydro - Spraying	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Agricultural Spraying	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Other Long Line Work	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	

MISCELLANEOUS OPERATIONS INVOLVING PASSENGERS		
	FREQUENCY	% OF PASSENGER HOURS IF OVER 3% OF TOTAL
Outside recurrent training	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Inhouse recurrent training	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Ab Initio Instruction	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Photography	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Movie Work	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Air Ambulance	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Search & Rescue	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Landing on Ships	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Landing on Structures	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	
Heli-Skiing	<input type="checkbox"/> Regular <input type="checkbox"/> Rare if ever but coverage required <input type="checkbox"/> Coverage not required	

HELICOPTER PILOTS						
	1	2	3	4	5	6
Name						
Age						
License						
Total PIC Hours						
Rotor Wing Hours						
Turbine Hours						
Hours in Model to be Insured						
Slinging Hours						
Long Line Hours						
Hours in the past 12 months						
Date and Name of Factory Courses Attended						
Accidents <b>State NONE or attach details</b>						

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:	Rotors In motion and not in motion	Rotors In motion and not in motion	Rotors In motion and not in motion	Rotors In motion and not in motion	Rotors In motion and not in motion	Rotors In motion and not in motion
Market Value						
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?

 yes  no *If yes, advise of values below.*

	AVERAGE	MAXIMUM
Value any one aircraft	\$	\$
Value all aircraft	\$	\$

DO YOU OBTAIN A WAIVER FROM THE OWNER(S)?

 yes  no *If yes, attach a copy of the waiver sample.*

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

\$
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**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.