

## NON-OWNED AIRCRAFT LIABILITY INSURANCE

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
BUSINESS OF APPLICANT	APPLICANT TYPE	NATURE OF APPLICATION	
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Request for Quote <input type="checkbox"/> Request for Insurance	
ANNUAL INSURANCE PERIOD BEGINNING	CURRENT INSURER	PRESENT INSURANCE EXPIRES	

GENERAL INFORMATION	
WHAT REASON DO YOU HAVE FOR THIS COVERAGE – PURPOSE/USAGE (EG, PEOPLE TRANSPORT, CARGO TRANSPORT, OFFSHORE, PATROL, PHOTOGRAPHY, SURVEY, ADVERTISING, AGRICULTURAL, SLUNG, ETC.)	
TYPES OF AIRCRAFT USED	MAXIMUM NUMBER OF PASSENGERS EACH TRIP (NOTE – THIS IS BASED ON THE MAXIMUM SEATING CAPACITY OF THE AIRCRAFT USED)
1.	
2.	
3.	
4.	
5.	
6.	
MINIMUM LIMIT OF LIABILITY REQUIRED FROM AIRCRAFT OPERATOR	IF YES, STATE AMOUNT
<input type="checkbox"/> yes <input type="checkbox"/> no	\$
DO YOU OBTAIN A CERTIFICATE OF INSURANCE FROM EACH AIRCRAFT OPERATOR NAMING YOU AS ADDITIONAL INSURED	
<input type="checkbox"/> yes <input type="checkbox"/> no	
NAMES OF CHARTER OPERATORS (WHERE KNOWN)	OPERATOR'S LIMITS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

UTILIZATION		
LOCATION	FIXED WING HOURS EXPECTED THIS YEAR	ROTOR WING HOURS EXPECTED THIS YEAR
1. Canada		
2. USA		
3. Elsewhere		
IF ELSEWHERE, STATE LOCATION(S)		

PILOT DETAILS		
		PROVIDE DETAILS
1. Do you have any pilots on staff employed as a corporate pilot?	<input type="checkbox"/> yes <input type="checkbox"/> no	
2. Do you have any employees that fly their own aircraft on company business?	<input type="checkbox"/> yes <input type="checkbox"/> no	
3. Are you included as an additional insured on employees insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no	

PILOT NAME	AGE	TOTAL HOURS	SINGLE ENGINE HOURS	MULTI ENGINE HOURS	FLOATS HOURS	ROTOR WING HOURS	CLAIM(S)	CORPORATE PILOT	EMPLOYEE OWNED AIRCRAFT
1.							<input type="checkbox"/> yes <input type="checkbox"/> no	<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	<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	<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	<input type="checkbox"/> yes <input type="checkbox"/> no
5.							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

PROVIDE DETAILS OF ANY CLAIMS

**AIRCRAFT DETAILS**

DOES THE APPLICANT OWN OR LEASE ANY AIRCRAFT?  
 yes  no

IF YES, PLEASE DESCRIBE

**COVERAGES REQUIRED**

TYPE	COVERAGE
Liability Limit	\$
Medical Expense	\$
Other Coverage	\$

**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.