

PRIVATE / BUSINESS AIRCRAFT 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
APPLICANT TYPE		IF OTHER, EXPLAIN	
<input type="checkbox"/> Individual <input type="checkbox"/> Canadian Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
BUSINESS TYPE	CURRENT AIRCRAFT INSURANCE CO	POLICY EXPIRES	PREMIUM
			\$

AIRCRAFT INFORMATION			
YEAR	MAKE AND MODEL	DOT REGISTRATION	NORMAL AIRWORTHINESS CATEGORY
PASSENGER SEATING CAPACITY	CREW SEATING CAPACITY	AIRCRAFT IS A LANDPLANE?	DESCRIBE
AIRCRAFT IS USUALLY HANGARED	AIRCRAFT IS USUALLY BASED AT		
PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE	
	\$	\$	
			IF YES, EXPLAIN
1. Will there be any charge made for the use of the aircraft?		<input type="checkbox"/> yes <input type="checkbox"/> no	
2. Will the aircraft be used for anything other than transporting people?		<input type="checkbox"/> yes <input type="checkbox"/> no	
3. Will the aircraft be used any place other than at paved runway airports?		<input type="checkbox"/> yes <input type="checkbox"/> no	
4. Will the aircraft be used outside canada?		<input type="checkbox"/> yes <input type="checkbox"/> no	
5. Do you own any other aircraft?		<input type="checkbox"/> yes <input type="checkbox"/> no	
6. Will the aircraft be used for student or pilot instruction?		<input type="checkbox"/> yes <input type="checkbox"/> no	

PILOT NO 1			
We require information on every pilot who will operate the aircraft. If there are more than two, attach a separate sheet.			
NAME	BIRTHDATE (M/D/Y)	OCCUPATION	YEAR LEARNED TO FLY
DOT PILOT LICENSE		RATINGS	
<input type="checkbox"/> Stu <input type="checkbox"/> Rec <input type="checkbox"/> Pvt <input type="checkbox"/> Com ¹ <input type="checkbox"/> ATP <input type="checkbox"/> Other		<input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> SES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotocraft <input type="checkbox"/> Other	
LICENSE NUMBER		LICENSE ISSUE DATE	
FLYING EXPERIENCE		TOTAL HOURS	LAST 12 MONTHS
All Aircraft			
This Make and Model			
S/E Retractable Gear			
Multi Engine			
Float Planes			
Amphibians			
Taildraggers			
		JET HOURS	TURBO PROP HOURS
Civilian Last 10 Years			PROP HOURS
			IF YES, EXPLAIN
1. As pilot, any accidents, citations for air regulation violations or license limitations?		<input type="checkbox"/> yes <input type="checkbox"/> no	
2. Any physical impairments or limitations or waivers on medical certificate?		<input type="checkbox"/> yes <input type="checkbox"/> no	
3. Any convictions or license suspensions arising out of operation of a motor vehicle?		<input type="checkbox"/> yes <input type="checkbox"/> no	
4. Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?		<input type="checkbox"/> yes <input type="checkbox"/> no	
5. Will anyone, other than you or the pilots shown above use your aircraft?		<input type="checkbox"/> yes <input type="checkbox"/> no	

PILOT NO 2			
NAME	BIRTHDATE (M/D/Y)	OCCUPATION	YEAR LEARNED TO FLY
DOT PILOT LICENSE		RATINGS	
<input type="checkbox"/> Stu <input type="checkbox"/> Rec <input type="checkbox"/> Pvt <input type="checkbox"/> Com'l <input type="checkbox"/> ATP <input type="checkbox"/> Other		<input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> SES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotocraft <input type="checkbox"/> Other	
LICENSE NUMBER		LICENSE ISSUE DATE	
FLYING EXPERIENCE		TOTAL HOURS	LAST 12 MONTHS
All Aircraft			
This Make and Model			
S/E Retractable Gear			
Multi Engine			
Float Planes			
Amphibians			
Taildraggers			
		JET HOURS	TURBO PROP HOURS
Civilian Last 10 Years			
IF YES, EXPLAIN			
1. As pilot, any accidents, citations for air regulation violations or license limitations?		<input type="checkbox"/> yes <input type="checkbox"/> no	
2. Any physical impairments or limitations or waivers on medical certificate?		<input type="checkbox"/> yes <input type="checkbox"/> no	
3. Any convictions or license suspensions arising out of operation of a motor vehicle?		<input type="checkbox"/> yes <input type="checkbox"/> no	
4. Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs?		<input type="checkbox"/> yes <input type="checkbox"/> no	
5. Will anyone, other than you or the pilots shown above use your aircraft?		<input type="checkbox"/> yes <input type="checkbox"/> no	

AIRCRAFT OWNERSHIP	
I/WE OWN THE AIRCRAFT BY MYSELF/OURSELVES	
<input type="checkbox"/> yes <input type="checkbox"/> no If no, identify owners below	
NAME	ADDRESS
1.	
2.	
3.	
TYPE	
<input type="checkbox"/> Co-owner <input type="checkbox"/> Mortgage <input type="checkbox"/> Lessor	
<input type="checkbox"/> Co-owner <input type="checkbox"/> Mortgage <input type="checkbox"/> Lessor	
<input type="checkbox"/> Co-owner <input type="checkbox"/> Mortgage <input type="checkbox"/> Lessor	
AMOUNT OF ANY LIEN OR LOAN, EXCLUDING INTEREST OR FINANCIAL CHARGES	
DOES YOUR LIENHOLDER REQUIRE BREACH OF WARRANTY?	
<input type="checkbox"/> yes <input type="checkbox"/> no	

COVERAGE AND LIMITS	
LIABILITY COVERAGE	LIMIT
Combined single limit liability coverage for bodily injury (including passengers) and property damage	\$ Each Occurrence
or	
Combined liability coverage for bodily injury (excluding passengers) and property damage	\$ Each Occurrence
+	
Liability coverage for bodily injury to passengers	\$ Each Person
	\$ Each Occurrence
AIRCRAFT PHYSICAL DAMAGE COVERAGE	LIMIT
Aircraft physical damage cover	\$ Insured value on wheels
	\$ Insured value on floats
	\$ Insured value on skis
HAS ANY OTHER INSURER CANCELLED, DECLINED OR REFUSED OT WRITE ANY AVIATION INSURANCE FOR YOU OR ONE OF YOUR PILOTS?	
<input type="checkbox"/> yes <input type="checkbox"/> no	
IF YES, PLEASE DESCRIBE	

BROKER INFORMATION			
NAME	PHONE	FAX	EMAIL

CONFIRMATION		
I/We authorize the above agent/broker to represent me/us in the placing of this insurance. 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