

PRIVATE / BUSINESS HELICOPTER 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	HELICOPTER INSURANCE COMPANY	POLICY EXPIRES	PREMIUM
			\$

HELICOPTER INFORMATION			
YEAR	MAKE AND MODEL	DOT REGISTRATION	HOURS FLOWN ANNUALLY
PASSENGER SEATING CAPACITY	CREW SEATING CAPACITY	NORMAL AIRWORTHINESS CATEGORY	HELICOPTER IS ON SKIDS
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
HELICOPTER IS USUALLY HANGARED	HELICOPTER IS USUALLY BASED AT		
<input type="checkbox"/> yes <input type="checkbox"/> no			
PURCHASE DATE	PURCHASE PRICE	CURRENT VALUE ON SKIDS	CURRENT VALUE ON FLOATS
	\$	\$	\$
		IF YES, EXPLAIN	
1. Will there be any charge made for the use of the helicopter?		<input type="checkbox"/> yes <input type="checkbox"/> no	
2. Will the helicopter be used for anything other than transporting people?		<input type="checkbox"/> yes <input type="checkbox"/> no	
3. Will the helicopter be used for slinging or long lining?		<input type="checkbox"/> yes <input type="checkbox"/> no	
4. Will the helicopter be used outside Canada?		<input type="checkbox"/> yes <input type="checkbox"/> no	
5. Do you own other aircraft?		<input type="checkbox"/> yes <input type="checkbox"/> no	
6. Will the helicopter be used for student or pilot instruction?		<input type="checkbox"/> yes <input type="checkbox"/> no	

PILOT NO 1			
NAME	BIRTHDATE (M/D/Y)	OCCUPATION	YEAR LEARNED TO FLY
DOT PILOT LICENSE		RATINGS	
<input type="checkbox"/> Student <input type="checkbox"/> Private RW <input type="checkbox"/> Commercial RW <input type="checkbox"/> Other		<input type="checkbox"/> Multi <input type="checkbox"/> IFR <input type="checkbox"/> Other	
LICENSE NUMBER	LICENSE ISSUE DATE	TYPE ENDORSEMENTS	
FLYING EXPERIENCE		TOTAL HOURS	PIC
All Aircraft Including Fixed Wing			
Rotor Wing Hours			
Hours On This Make & Model			
Turbine Engine			
Slinging			
Long Line			
COMPLETED MOUNTAIN COURSE?	IF YES, DATE OF COURSE COMPLETION		
<input type="checkbox"/> yes <input type="checkbox"/> no			
		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 helicopter?		<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"/> Student <input type="checkbox"/> Private RW <input type="checkbox"/> Commercial RW <input type="checkbox"/> Other		<input type="checkbox"/> Multi <input type="checkbox"/> IFR <input type="checkbox"/> Other	
LICENSE NUMBER	LICENSE ISSUE DATE	TYPE ENDORSEMENTS	

FLYING EXPERIENCE	TOTAL HOURS	PIC	LAST 12 MONTHS	LAST 90 DAYS
All Aircraft Including Fixed Wing				
Rotor Wing Hours				
Hours On This Make & Model				
Turbine Engine				
Slings				
Long Line				

COMPLETED MOUNTAIN COURSE?	IF YES, DATE OF COURSE COMPLETION
<input type="checkbox"/> yes <input type="checkbox"/> no	

		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 helicopter?	<input type="checkbox"/> yes <input type="checkbox"/> no	

HELICOPTER OWNERSHIP

I/WE OWN THE HELICOPTER BY MYSELF/OURSELVES

yes no *If no, identify owners below*

NAME	ADDRESS	TYPE
1.		<input type="checkbox"/> Co-owner <input type="checkbox"/> Mortgage <input type="checkbox"/> Lessor
2.		<input type="checkbox"/> Co-owner <input type="checkbox"/> Mortgage <input type="checkbox"/> Lessor
3.		<input type="checkbox"/> Co-owner <input type="checkbox"/> Mortgage <input type="checkbox"/> Lessor

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

HELICOPTER PHYSICAL DAMAGE COVERAGE

	LIMIT
Rotors in motion and rotors not in motion	\$ Insured value on Skids
	\$ Insured value on Floats
or	
Rotors not in motion only	\$ Insured value on Skids
	\$ Insured value on Floats

HAS ANY OTHER INSURER CANCELLED, DECLINED OR REFUSED OT WRITE ANY AVIATION INSURANCE FOR YOU OR ONE OF YOUR PILOTS?

yes no

IF YES, PLEASE DESCRIBE

BROKER INFORMATION

NAME	PHONE	FAX	EMAIL

CONFIRMATION

I authorize AVRO Insurance Managers Ltd to represent me in the placing of this insurance. I represent that all information provided in this application is true and complete to the best of my knowledge and that no relevant information has been withheld. I 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 the AVRO Insurance Managers Ltd, the full amount of premium becomes immediately due and payable. I authorize AVRO Insurance Managers Ltd to investigate all or any qualifications or statements contained herein. Tria coverage is hereby declined.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	TITLE	DATE