

SRIM NON OWNED AIRCRAFT LIABILITY FORM

NAME and ADDRESS OF APPLICANT (Including D/B/A's And Holding Companies):		
BUSINESS OR OCCUPATION OF APPLICANT:		
APPLICANT IS:	INDIVIDUAL(S)	CORPORATION PARTNERSHIP OTHER
INSURANCE IS REQUESTED FROM:		TO:
LIABILITY COVERAGE: Limit of Liability Required: \$		
Do you or your employees use their own fixed wing or rotor wing aircraft on company business?		YES NO
If "Yes" please advise: Make & Model of aircraft flown: Pilot qualifications (Name, Age, Total Hours, Hours in Make & Model): Is applicant included as an Additional Insured on employee's aircraft insurance?		
		YES NO
Does application request a certificate of insurance?		YES NO
Do you or your employees charter or rent fixed wing or rotor wing aircraft for company business:		YES NO
If "Yes" please advise: Make & Model of aircraft used: Seating Capacity of aircraft (including crew): Approximate number of hours flown annually:		
Do you use or anticipate using any non-owned aircraft with 10 or more seats (including crew)?		YES NO
If "Yes", how many:		
Are any flights contemplated outside of Canada?		YES NO
If "Yes", Where:		
Do you obtain a certificate of insurance from each aircraft operator naming you as an additional insured?		YES NO
Do you require a minimum limit of liability from the aircraft operator?		YES No
If "Yes," Amount: \$		
Have you ever had a claim made against you for an aircraft you have chartered?		YES No
If "Yes", please provide details		
Do you Currently have this type of insurance?		
If "Yes", please advise Renewal Date:		Current Insurer:

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Insurers may investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by an authorized person in writing.

Date _____ **Applicant's Signature** _____

Name of Agent or Broker:
Address: