



**SRIM General Liability Form**

Name of insured: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email address \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Principal Owner(s):** \_\_\_\_\_

**Type of Business**

How long have you been in business \_\_\_\_\_ years

Number of Aviation Employees \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Aircraft maintenance		Aircraft cleaning	
Aircraft engine overhaul		Fuel supplier	
Aircraft propeller overhaul		Ramp service	
Aircraft sales		Independent contractor	
Commercial Air Service		Manufacturer	
Flying School		Other, describe	

Location of premise:

On airport \_\_\_\_\_ Off airport \_\_\_\_\_

Please provide details of the hangars or premises you occupy.

Location - state all Locations	Age	Size	Construction	Heating	Sprinklers	

Are you the sole occupant of your hangar or premises Yes No if no list other occupants


Describe fire protection facilities available to your locations. \_\_\_\_\_

Do you expect to do any construction work on your property in the next 12 months? No If Yes Provide details:

Do you have any written agreement holding other parties harmless. No Yes Provide details

**Hangarkeepers Coverage**

State number of aircraft in your care custody or control

	Average		Maximum	
	Hangared	Tied Down	Hangared	Tied Down
Value any one aircraft	\$	\$	\$	\$
Value of all aircraft	\$	\$	\$	\$

Are you responsible for moving other peoples' aircraft Yes No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care custody and control. Yes No

(If yes please attach a copy of the standard agreement)

**Ramp Services**

If you provide services to third party aircraft for the preparation of a flight or arrival of a flight please complete the following details

Type of Operation	Yes	No	Past 12 months	Estimated for next 12 months
Loading or unloading of baggage			\$	\$
Loading or unloading of cargo			\$	\$
Marshalling			\$	\$
Deicing			\$	\$
Towing			\$	\$
Power Starts			\$	\$
Fuelling Av Gas			\$ Litres pumped	\$ Litres pumped
Fuelling Jet Fuel			\$ Litres pumped	\$ Litres pumped
Grooming			\$	\$
Other, describe			\$	\$

Please state types of aircraft serviced and frequency you provide this service.

	Piston/Turbo Prop		Jet Aircraft	
	Provide Types	How often a week	Provide Types	How often per week
Who are your principal Customers?	1.			
	2.			
	3.			

How long have you provided this service \_\_\_\_\_ years

Do you have any agreement with your major customers where they have agreed to hold you harmless. If yes please provide a copy of the agreement. Yes No

**Products Coverage**

Please provide details of your gross receipts:

Gross Receipts from:	Past 12 months	Estimated for next 12 months
Labour from routine maintenance	\$	\$
Labour from airframe repair/overhaul	\$	\$
Labour from engine repair/overhaul	\$	\$
Labour from propeller repair/overhaul	\$	\$
Labour from avionics repair/overhaul	\$	\$
All parts installed	\$	\$
Avionics sales not installed	\$	\$
New parts installed	\$	\$
Used parts installed	\$	\$
New aircraft sales	\$	\$
Used aircraft sales	\$	\$
Painting	\$	\$
Fuel (if receipts exceed \$100,000 complete Ramp Service Questions)	\$	\$
Other, Describe	\$	\$

Type of aircraft You Work On	Yes	No	Gross Receipts as a %
Single engine piston			
Twin engine piston			
Turbine			
Jets			
Helicopters			

Please list details of your Principals

Name	Type of License	Total Years Experience	Years employed by you	Any Claims

Coverages Required		Limit Each Occurrence	Alternate Limits
1 - Airport Premises, Property & Operations	Limit Each Occurrence	\$	\$
1a- Tenants Legal Liability	Limit Each Occurrence	\$	\$
2 - Hangarkeepers	Limit Per Aircraft	\$	\$
	Limit Per Occurrence		
3 - Products	Limit Per Occurrence & in the Aggregate	\$	\$

**Loss and Violation History**

Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss. \_\_\_\_\_

\_\_\_\_\_

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:			
Broker	Agent	Are you the holding producer? Yes No	If "Yes", for how many years?