



#103, 8411-200<sup>th</sup> Street, Langley, BC V2Y 0E7 Telephone: (604) 888-0050 Fax: (604) 888-1008

**Products, Premises, Hangarkeepers Insurance**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Applicant is: Individual Partnership Corporation Holding Company Government

How Long Have You Been In Operation? Years \_\_\_\_\_ Months \_\_\_\_\_

How Many Staff Do You employ? \_\_\_\_\_

Please State The Number Of Employees Within Each Category:

Operational	Safety	Maintenance	Management

Key personnel and number of years with organization  
(Please attach an organizational chart if available)

Owners: \_\_\_\_\_ Years

President: \_\_\_\_\_ Years

Chief Pilot: \_\_\_\_\_ Years

Operations Manager: \_\_\_\_\_ Years

\_\_\_\_\_ Years

Chief Engineer: \_\_\_\_\_ Years

\_\_\_\_\_ Years

Others of Note: \_\_\_\_\_ Years

Financial Information  
(Please attach a Company report if available)

Shareholders:

\_\_\_\_\_

Paid-Up Capital: \_\_\_\_\_

Lease Involvement With Bank: \_\_\_\_\_

**HANGARKEEPERS LIABILITY**

Do You Regularly Store Or Have In Your Care, Aircraft Owned By Others?      Yes      No

	<u>Average</u>	<u>Maximum</u>
If Yes ..... Value any one Aircraft	_____	_____
Value of all Aircraft	_____	_____

Are you the sole occupant of the Hanger (s):      Yes      No

Do you test fly Customers' Aircraft?      Yes      No

If Yes ..... Maximum Value: \_\_\_\_\_ Type Expected: \_\_\_\_\_

Do You Obtain A Waiver From The Owner(s)?      Yes      No      (If Yes, Please Attach A Copy of Waiver Sample)

Limits  
Required

Any One Aircraft: \_\_\_\_\_ Any One Occurrence: \_\_\_\_\_

**PREMISES LIABILITY**

**Main Base:**

Address: \_\_\_\_\_

Description:

- i. Size: \_\_\_\_\_
- ii. Value: \_\_\_\_\_
- iii. Heating: \_\_\_\_\_
- iv. Construction: \_\_\_\_\_
- v. Fire Protection \_\_\_\_\_
- vi. Age: \_\_\_\_\_
- vii. Any Other Information: \_\_\_\_\_

Are You The Sole Occupant Of The Building?

Yes No

If No, Who Else Shares?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Information

Do You Own Your Main Base? Yes No  
Total No. Of Aircraft In Operation/Stored: \_\_\_\_\_  
Max Aircraft Capacity: \_\_\_\_\_

Premises Liability Limits Required For Main Base \_\_\_\_\_

Other Bases

Address: \_\_\_\_\_  
Description:  
i. Size: \_\_\_\_\_  
ii. Value: \_\_\_\_\_  
iii. Heating: \_\_\_\_\_  
iv. Construction: \_\_\_\_\_  
v. Fire Protection \_\_\_\_\_  
vi. Age: \_\_\_\_\_  
vii. Any Other Information: \_\_\_\_\_

Premises Liability Limits Required: \_\_\_\_\_

**PRODUCTS LIABILITY**

Please Briefly Describe Your Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Sell Fuel or Oil?

Yes No

If Yes, For Which Oil Company Are You A Dealer Or Agent?

\_\_\_\_\_

Do You Do Any Third Party Maintenance?

Yes No

If Yes...

Company(ies): _____ Types Of Aircraft: _____
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Please Advise If You Are a Brand Dealer Yes No

If Yes, For What Company? \_\_\_\_\_

Product Liability Limits Required \_\_\_\_\_

Do You Hold, Or Have You Signed, Any Waivers Or Agreements That May Affect This Insurance? Yes No

If Yes, Please Give Details

_____
_____

Do You Do Business With Clients Domiciled In The USA? Yes No

If Yes, Please Give Details

_____
_____
_____

		Fixed Wing %	Rotor Wing %
<b>Indicate Your Gross Receipts From Any Of The Following Expected In The Next 12 Months:</b>	Fuel And Oil Sales _____		
	Aircraft Parts – Installed _____		
	_____ - Sold		
	Engine Overhaul _____		
	Sale of new Aircraft _____		
	Sale of used Aircraft _____		
	Repair & Overhaul _____		

This Question Is Applicable To All Sections

**CLAIMS, ACCIDENTS, VIOLATIONS**

Please List Below Details Of All Claims Occurring During The Last Five Years. Also include details of any accidents or violations charged against your employed pilots for the same period, whether or not they were employed by you at the time.

Date	Details	Paid	Outstanding

Please Name Any Other Claim or Accident Outside Hull And Liability

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**UNDERWRITING INFORMATION**

Current Insurers: \_\_\_\_\_

Current Brokers: \_\_\_\_\_

Inception Date Of The Policy: \_\_\_\_\_

Please Advise Of Any  
Additional Coverage  
Required.

(Extra Coverage May  
Increase The  
Premium)

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**MISCELLANEOUS**

Please Note Any  
Proposed Expansions  
Or Notable Changes.

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Please Advise Of Other  
Pertinent Information  
Or Information Of  
Interest.

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**DECLARATION**

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Please read this carefully before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

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I understand that the signing of the proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Full Name:

\_\_\_\_\_

Status In Organisation:

\_\_\_\_\_

Company Stamp...

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