AVIATION Premise Liability (Airstrip) APPLICATION

Named Insured: Name of Principals: **FULL** Mailing Address:

If property of others (aircrafts) is stored on your premises, please advise as completion of a different

application may be required.

**Provide the location address and description of the Premise:**

Legal Address:

Description of Airstrip (construction / length) :

**If there is a hangar / structure on the premise, please advise:**

a) Size:

b) Heating:

c) Construction:

d) Fire Protection and Proximity to hydrant & fire hall:

e) Age Of Building:

f) Alarmed /Security:

g) Sprinklers:

h) Plumbing: Type/Upgrades:

i) Upgrades to Roof / Heating / Electrical:

j) Any Other Information:

k) Any repairs or welding on site:

**Photos (front & rear of building) will be required if hangar / building coverage required**

|  |  |  |
| --- | --- | --- |
| **Does anyone other than you use your Airstrip?** | Yes: | No: |
| **How many annual movements are there?** | By You: | By Others: |

**Who is responsible for the Maintenance around your airstrip** (grass cutting / snow plowing / etc):

**Do you allow aircrafts (not owned by you) to be parked at your airstrip?** Yes: No:

**Is your airstrip a registered aerodrome in the Canada Flight Supplement?** Yes: No:

**Property Limits Required:** Building: $ Contents: $ Other: $

**Premises Liability Limits Required**: $

**Loss History**: Describe any insured or not insured losses you or your operation has had in the past 5 years, including date of loss, details of the accident and amount of loss.

**Insurance History:** Describe if any Insurer has cancelled, declined or refused you or your operation insurance coverage?

**Current Insurer: Expiry Date: Expiring Premium:**

**Name of Agent or Broker: Brokerage Mailing Address: Brokerage Email & Telephone #:**

**IMPORTANT - PLEASE READ CAREFULLY:**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application.

This application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated and witnessed warranting same.

Signature of Owner / Operator Date