

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: \$ _____

Target Premium (if known): _____

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** _____