

PRIVATE AND BUSINESS USE FORM

Name of Insured: _____

Address: _____
Street City Province Postal Code

Telephone Number: _____ Fax Number: _____ Email Address: _____

Business or occupation of Insured: _____

Current Insurer: _____ **Expiry Date:** _____

Aircraft Details: Aircraft Registration: _____ Year Make and Model: _____

of Passenger Seats (excluding pilot seat): _____

Value Wheels \$ _____ Skis \$ _____ Floats \$ _____ Amphibian \$ _____

If aircraft is operated on one or more of these configurations a value must be stated for each configuration

Aircraft is usually based at _____ Hangared Tied Down Moored

Use of Aircraft: Pleasure & Business Rental Instruction Other Uses _____

Pilots	Pilot 1	Pilot 2	Pilot 3	Pilot 4
Name				
Age				
Total flying time				
Total flying time last 12 months				
Total time on aircraft stated above				
Total time on Floats				
Total time taildragger				
Total multi engine PIC time				
Total retractable time				
License Type & Number				
Endorsements to license				
Accident(s)/Violation(s) last 5 years? If yes, please explain:				

Coverages Required:

Hull - All Risks Flight and Ground _____ All Risks Ground Excluding Taxying _____

Liability _____ \$1,000,000 BI/PD excluding passengers
 _____ \$1,000,000 BI/PD with passengers limited to \$300,000 each
 _____ \$1,000,000 Combined Single Limit

Other Limits (State Limit Required) _____

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** _____

Broker's Name _____ Phone Number _____ Fax Number _____