SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

HELICOPTER HULL AND LIABILITY FORM

Check which is desired: ☐ A Quotation ☐ Insurance Policy ☐ Renewal Policy

Name of Applicant: (Include D/B/A's and Holding Companies):

Address: _____

Business or occupation of applicant: _____

Applicant is: ☐ Corporation ☐ Individual(s) ☐ Partnership ☐ Other(Describe) _____

Insurance is requested from: _____ to: _____

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
☐ Single Limit Bodily Injury and Property Damage Liability: Passengers: ☐ Included ☐ Excluded	$ Each Passenger	$
☐ Other Liability	$	$
☐ Medical Expenses Crew ☐ Included ☐ Excluded	$ Each Person	

Physical Damage Coverage
Amount of Hull Insurance Aircraft 1: $ Aircraft 2: $
Deductibles ☐ $ ☐ % Rotors not in motion: Rotors in motion:

Aircraft Year, Make and Model	Reg. No.	Seating Capacity		Purchased		Price Paid by Applicant (incl. extras)	Present Estimated Value (incl. extras)	Engine Hours Since New, or Since Last Major Overhaul	Number of Hours Flown in the Last 12 Months	Estimate Flight Hours Next 12 Months
		Crew	Pass	New or Used	Date					
1.						$	$			
2.						$	$			
Description of special or extra equipment installed on aircraft and spares inventory										
Aircraft 1.										Value: $
Aircraft 2.										Value: $
Spare Parts Inventory										Value: $

Applicant is ☐ Sole Owner ☐ Owner subject to mortgage or conditional sales contract ☐ Lessee ☐ Other(Explain) _____

If aircraft is encumbered, name and address of lienholder or lessor: _____

Amount of encumbrance (excluding interest and finance charges): $ _____

Will Breach of Warranty Coverage be required by lienholder? ☐ Yes ☐ No

Aircraft Use: Check all use(s) to which policy is to apply			
☐ Pleasure (non-professional pilots)	☐ Instruction - Pilot upgrade	☐ Search and Rescue	☐ External Load - Slung Cargo
☐ Business (non-professional pilots)	☐ Charter: ☐ Pass ☐ Cargo	☐ Patrol Flights (describe below)	☐ Pole/inflight Pick Up & Delivery
☐ Corporate - Executive (flown by professional pilots hired for this purpose)	☐ Air Ambulance, Medivac	☐ Slash Burning	☐ Logging
☐ Instruction - Initial	☐ Police Operations	☐ Fire Control, Water Bucket, Fire Support	☐ Heliskiing
☐ Instruction - Check-out	☐ Traffic Watch or News	☐ Crop Dusting, Spraying, Seeding	
☐ Other uses not listed:			

Who maintains operational control of the aircraft being operated? _____

Is Airworthiness Certificate other than standard? ☐ Yes ☐ No If yes, explain: _____

Is engine being operated beyond TBO? ☐ Yes ☐ No If yes, explain: _____

Aircraft usually based at: _____ Hangared? ☐ Yes ☐ No

If private heliport, describe facilities and security: _____

Are landing sites not approved by FAA used? ☐ Yes ☐ No If yes, how often? _____ Identify sites: _____

Are building top landing pads used? ☐ Yes ☐ No If yes, how often? _____ Identify sites: _____

Areas of Operation: _____ FAR Licenses held: _____

Are floats installed? ☐ Yes ☐ No If yes, percentage of time: ____% Value: $ _____

Are flights at night contemplated? ☐ Yes ☐ No If yes, how frequently? _____ Are landing sites lighted? ☐ Yes ☐ No

Who performs maintenance? _____

Pilots: Complete this section (including items 1-9 on the next page) for every pilot who will operate an aircraft during the policy term unless a pilot questionnaire is completed by the pilot

Name of Pilot			1.	2.	3.	4.
Date of Birth						
Helicopter Certificate and ratings		Private	☐	☐	☐	☐
		Commercial	☐	☐	☐	☐
		IFR	☐	☐	☐	☐
		ATP	☐	☐	☐	☐
		Type Ratings (List)				
Medical Certificate		Date of Last Physical				
		Class				
Pilot in command Hours - Logged	Helicopter	Total All Aircraft				
		Total Recip				
		Total Turbine				
		In Model to be Insured				
		Total Last 12 Months				
Estimated helicopter flight hours next 12 months						

PILOT	1.		2.		3.		4.	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the pilot successfully completed the manufacturer's approved pilots ground and flight training school for any helicopter?	☐	☐	☐	☐	☐	☐	☐	☐
(Yes or No) Specify make and model and date:								
2. Does the pilot participate in a formal recurrent training program?	☐	☐	☐	☐	☐	☐	☐	☐
3. Was pilot's original rotorcraft rating obtained through the military?	☐	☐	☐	☐	☐	☐	☐	☐
4. Does the pilot have any physical impairments?	☐	☐	☐	☐	☐	☐	☐	☐
5. Does the pilot have any waivers, restrictions, limitations or conditions attached to his medical certificate?	☐	☐	☐	☐	☐	☐	☐	☐
6. Has any pilot's Transport Canada, or other pilot certificate ever been suspended or revoked?	☐	☐	☐	☐	☐	☐	☐	☐
7. Has any pilot ever been cited for any violation of any aviation regulation in any country?	☐	☐	☐	☐	☐	☐	☐	☐
8. Has any pilot ever been involved in any aircraft accident?	☐	☐	☐	☐	☐	☐	☐	☐
9. Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated?	☐	☐	☐	☐	☐	☐	☐	☐
Explain all "yes" answers to these questions								

Name of last aviation insurance carrier (if none so state) _____

To the Applicant's knowledge has any damage been sustained to, or have any claims beenn by others that have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant? ☐ Yes ☐ No If yes, please provide details

_____

Has any insurance company or underwriter at any time declined an application submitted by or cancelled or refused to renew a policy held by the applicant or any of the pilots named herein regard to any type of insurance? ☐ Yes ☐ No If so, explain:

_____

Workers Compensation insurance now in effect: _____

Carrier: _____ Expiration Date: _____

Limits: _____

Target Premium (if known): _____

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? _____