

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

Average

Maximum

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: _____

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 %
Indicate your gross receipts from any of the following expected in the next 12 months:	Fuel and Oil Sales			
	Aircraft Parts – Installed			
	- Sold			
	Engine Overhaul			
	Sale of new Aircraft			
	Sale of used Aircraft			
	Repair & Overhaul			

(cont.)

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

UNDERWRITING INFORMATION

Current Insurers: _____

Current Brokers: _____

Inception date of the policy: _____

Please advise of any additional coverage required. (Extra coverage may increase the premium)

DECLARATION

Please note any proposed expansions or notable changes.

Please advise of other pertinent information or information of interest.

MISCELLANEOUS

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).

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: