

OLD REPUBLIC INSURANCE OF CANADA

Personal Aviation Insurance Application

Dear Insured,

Thank you for choosing Old Republic Insurance of Canada for your Personal Pleasure & Business Aircraft Insurance.

The following application has been prepared for your convenience. To ensure that coverage is not interrupted, please **fill out the application completely, confirm that all information is accurate and return the signed original to your agent.** Note that an asterisk (*) on the application indicates that information must be manually filled by you. Other information may already be automatically filled, though you are responsible for ensuring its accuracy. The back of the form should be utilized where additional space is needed.

The abbreviation key below is provided for your reference. Any questions you may have should be directed to your agent.

Abbreviations

A/C	Aircraft
ATP	Airline Transport Pilot certificate
CG/TW	Conventional Gear/Tail Wheel
CLT	Center Line Thrust
CML	Commercial pilot
INST	Instrument
MM	Make and Model (of aircraft)
MES	Multi-Engine Sea
ME	Multi-Engine
PVT	Private pilot
RG	Retractable Gear
SES	Single Engine Sea
SMOH	Engine(s) time Since Major Overhaul
STC	Supplemental Type Certificate
STU	Student pilot
TT L12	Total Time Last 12 Months

We appreciate your prompt attention to this application and look forward to servicing your ongoing aviation insurance needs.

Sincerely,

*Old Republic Insurance of Canada
P&B Aircraft Underwriting*

On behalf of Old Republic Insurance of Canada. - A Member of Old Republic Insurance Group

Personal Aviation Insurance Application

Today's date: _____ Coverage effective date requested from: _____ to: _____

Name of Applicant: _____ Applicant is: An individual A business

Address: _____

*Contact Info: Phone: _____ Email: _____ *Occupation of Applicant: _____

*Is applicant sole owner of the aircraft: Yes No (If No, explain): _____

Name of lienholder(s): _____

Address of lienholder(s): _____

Is Breach of warranty coverage required? Yes No *Lien amount: \$ _____

*Name of current insurance company: _____ *Expiration date: _____

AIRCRAFT (A/C):

Aircraft based at: (Name, Reg. #, Province): _____

A/C Year, Make and Model (MM)	A/C value	Reg #	Seats	Hangared?		Land Plane?		*Time SMOH	* Annual Utilization
1.	\$			Yes	No	Yes	No		
2.	\$			Yes	No	Yes	No		
3.	\$			Yes	No	Yes	No		

*Will aircraft be operated at other than paved public airports? Yes No (if Yes, where and how often?): _____

*Will aircraft be operated outside Canada or the 48 contiguous United States? Yes No (If Yes, explain on the reverse side)

*Will other than applicant have use of the aircraft? Yes No (If Yes, explain): _____

*Has any aircraft been modified or converted in any way from the manufacturer's original configuration or design in such a manner to have required a Supplemental Type Certificate (STC)? Yes No (If Yes, explain): _____

*Has any pilot and/or applicant had any aviation claims, incidents, accidents, medical waivers (other than for corrective lenses), violations, DUI's or felony convictions? Yes No (If Yes, please explain each occurrence on the reverse side)

Use of aircraft:

"Pleasure and Business" meaning used in the applicant's business, including personal and pleasure uses, but excluding any operation for hire or reward.

*If any other uses (explain): _____

(If other than for "Pleasure and Business" please also contact your agent.)

PILOT INFORMATION:

Pilot Name	Age	Valid Licences & Ratings	Current Total Hours Logged in							
			All A/C	RG	ME	TW	SEA	AMP	MM	TT L12
1.										
2.										
3.										
4.										
5.										
6.										

INSURANCE COVERAGE:

Liability:

A. Each Occurrence Bodily Injury and Property Damage Including Passengers: Each Person _____ Each Occurrence _____
 Each Passenger Limited To: _____

B. Single Limit Bodily Injury and Property Damage Excluding Passengers: _____

C. Single Limit Passenger Bodily Injury Per Seat: _____

Hull:

Agreed value: A/C 1 \$ _____ A/C 2 \$ _____ A/C 3 \$ _____

*Additional Insureds: _____

*Has the applicant ever had aircraft hull or liability insurance cancelled by any insurance company or underwriter?

Yes No (If Yes, explain): _____

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

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WARNINGS - OFFENCES

It is an offence under the Insurance Act to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under a contract of insurance, or to willfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$100,000 for the first offence and a maximum fine of \$200,000 for any subsequent conviction.

It is an offence under the federal Criminal Code for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal Criminal Code for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 10 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

*Applicant's signature: X _____ *Date: _____
(All Applicants must sign)

Producer information:

Name: _____
Address: _____ Producer License No. _____
Telephone #: _____ Fax #: _____