



SPECIAL RISK INSURANCE MANAGERS

SRIM General Liability Form

Name of insured: _____

Address: _____

Telephone number _____ Fax number _____ Email address _____

Current Insurer: _____ Expiry Date: _____

Principal Owner(s): _____

Type of Business

How long have you been in business _____ years

Number of Aviation Employees _____ Full time _____ Part time _____

Aircraft maintenance		Aircraft cleaning	
Aircraft engine overhaul		Fuel supplier	
Aircraft propeller overhaul		Ramp service	
Aircraft sales		Independent contractor	
Commercial Air Service		Manufacturer	
Flying School		Other, describe	

Location of premise:

On airport _____ Off airport _____

Please provide details of the hangars or premises you occupy.

Location - state all Locations	Age	Size	Construction	Heating	Sprinklers

Are you the sole occupant of your hangar or premises Yes No if no list other occupants

Describe fire protection facilities available to your locations. _____

Do you expect to do any construction work on your property in the next 12 months? No If Yes Provide details:

Do you have any written agreement holding other parties harmless. No Yes Provide details

Hangarkeepers Coverage

State number of aircraft in your care custody or control

	Average		Maximum	
	Hangared	Tied Down	Hangared	Tied Down
Value any one aircraft	\$	\$	\$	\$
Value of all aircraft	\$	\$	\$	\$

Are you responsible for moving other peoples' aircraft Yes No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care custody and control. Yes No

(If yes please attach a copy of the standard agreement)

Ramp Services

If you provide services to third party aircraft for the preparation of a flight or arrival of a flight please complete the following details

Type of Operation	Yes	No	Past 12 months	Estimated for next 12 months
Loading or unloading of baggage	<input type="radio"/>	<input type="radio"/>	\$	\$
Loading or unloading of cargo	<input type="radio"/>	<input type="radio"/>	\$	\$
Marshalling	<input type="radio"/>	<input type="radio"/>	\$	\$
Deicing	<input type="radio"/>	<input type="radio"/>	\$	\$
Towing	<input type="radio"/>	<input type="radio"/>	\$	\$
Power Starts	<input type="radio"/>	<input type="radio"/>	\$	\$
Fuelling Av Gas	<input type="radio"/>	<input type="radio"/>	\$ Litres pumped	\$ Litres pumped
Fuelling Jet Fuel	<input type="radio"/>	<input type="radio"/>	\$ Litres pumped	\$ Litres pumped
Grooming	<input type="radio"/>	<input type="radio"/>	\$	\$
Other, describe	<input type="radio"/>	<input type="radio"/>	\$	\$

Please state types of aircraft serviced and frequency you provide this service.

	Piston/Turbo Prop		Jet Aircraft	
	Provide Types	How often a week	Provide Types	How often per week

Who are your principal Customers?

- 1.
- 2.
- 3.

How long have you provided this service _____ years

Do you have any agreement with your major customers where they have agreed to hold you harmless. If yes please provide a copy of the agreement. Yes No

Products Coverage

Please provide details of your gross receipts:

Gross Receipts from:	Past 12 months	Estimated for next 12 months
Labour from routine maintenance	\$	\$
Labour from airframe repair/overhaul	\$	\$
Labour from engine repair/overhaul	\$	\$
Labour from propeller repair/overhaul	\$	\$
Labour from avionics repair/overhaul	\$	\$
All parts installed	\$	\$
Avionics sales not installed	\$	\$
New parts installed	\$	\$
Used parts installed	\$	\$
New aircraft sales	\$	\$
Used aircraft sales	\$	\$
Painting	\$	\$
Fuel (if receipts exceed \$100,000 complete Ramp Service Questions)	\$	\$
Other, Describe	\$	\$

Type of aircraft You Work On	Yes	No	Gross Receipts as a %
Single engine piston	<input type="radio"/>	<input type="radio"/>	
Twin engine piston	<input type="radio"/>	<input type="radio"/>	
Turbine	<input type="radio"/>	<input type="radio"/>	
Jets	<input type="radio"/>	<input type="radio"/>	
Helicopters	<input type="radio"/>	<input type="radio"/>	

Please list details of your Principals

Name	Type of License	Total Years Experience	Years employed by you	Any Claims

Coverages Required		Limit Each Occurrence	Alternate Limits
1 - Airport Premises, Property & Operations	Limit Each Occurrence	\$	\$
1a- Tenants Legal Liability	Limit Each Occurrence	\$	\$
2 - Hangarkeepers	Limit Per Aircraft	\$	\$
	Limit Per Occurrence		
3 - Products	Limit Per Occurrence & in the Aggregate	\$	\$

Loss and Violation History

Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss. _____

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:		
<input type="radio"/> Broker <input type="radio"/> Agent	Are you the holding producer? <input type="radio"/> Yes <input type="radio"/> No	If "Yes", for how many years?