



SPECIAL RISK INSURANCE MANAGERS

SRIM Private & 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 _____

Brokers Name _____ Phone Number _____ Fax Number _____