



SPECIAL RISK INSURANCE MANAGERS

SRIM Commercial Aircraft form

Name of Insured: _____

Address: _____

Street

City

Province

Postal Code

Telephone number _____ Fax number _____ Email Address _____

Current Insurer: _____

Expiry Date: _____

Principal

Owner _____

Chief Pilot _____ Operations Manager _____

Facilities

Bases _____

Description _____

Operations

How long have you been in operation _____ years. Do you advertise in the United States. Yes No

Describe any operations you have involving flight into the United States. _____

Are all your employees covered by Workers Compensation? If not, please explain _____

Has any Company or Underwriter ever refused to renew your policy or cancelled your policy? _____

CTA Filing: Domestic or Domestic & International OC: _____

Aircraft Details:

Reg'n	Make & Model	Hull coverage required	Agreed Value State in next column L- Land S- Ski F- Floats	L S F	Passenger Seats (excluding pilot)	Limit of Liability	Utilization Expected	
							Days	Hours
Spares: (Parts, equipment, tools ground handling etc)			Total Value		Maximum any one location		Are your spares computerized?	
			\$		\$		Yes <input type="radio"/> No <input type="radio"/>	

Pilots:

Name	Age	Total Time	Total floats	Total M/E	Hours in Aircraft to be flown	Aircraft to be flown	Total last 12 months	Accidents

Operation Checklist	%	Regular	Occasional	Not Anticipated
Schedule Work				
Charter				
Flying Club				
Charter Work (breakdown this work by cargo and people listed below)				
Cargo				
Transportation of people in course of their work				
Sightseeing or Tourism (including guests to Lodges)				
i) Canadian Residents				
ii) US or foreign residents				
Specific Work				
Survey - mapping, seismic, aerial photography				
Power or pipeline patrol				
Traffic Patrol				
Air Ambulance				
Rental				
Training -Ab Initio				
- Advanced				
Spraying - Agricultural or forestry				
Other				

MISCELLANEOUS

- Proposed expansion or changes of note:
- Other pertinent or information of interest:

NON-OWNED AIRCRAFT LIABILITY:

Annual Hours (if any) you used aircraft not owned and not insured by you _____

Maximum number of seats in the aircraft _____

GENERAL LIABILITY INFORMATION

Premises Liability

- (a) Any locations to be noted other than your main base? _____

- (b) Do you lease or own your main base? _____ Are you the sole occupant of the building? If not who else shares:

- (c) Please give a description of your main base (age, size, heating, construction) _____

- (d) Limited required: \$ _____

Hangarkeepers Liability

- (a) Do you regularly store or have in your care, aircraft owned by others? _____
- (b) If "yes", to (a)
- | | Average | Maximum |
|---------------------------|----------|----------|
| a) Value any one aircraft | \$ _____ | \$ _____ |
| a) Value all aircraft | \$ _____ | \$ _____ |
- (c) Do you have any test flights to customer aircraft? _____
If so, what is maximum value of aircraft and give type expected? _____
- (d) If so, what is maximum value of aircraft and give type expected? _____
- (e) Limits required; Any one aircraft _____ Any one Occurrence _____

Products Liability

Indicate your gross receipts **from others** for any of the following expected in the next twelve months:

Fuel and Oil Sales	\$ _____
Aircraft Parts Installed	\$ _____
Sold	\$ _____
New Aircraft	\$ _____
Used Aircraft	\$ _____
Labour Running Maintenance	\$ _____
Labour Repair & Overhaul	\$ _____

Limit required \$ _____

Loss and Violation History

Give a brief description of any accidents that you, your operation, or any of your pilots 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** _____

Brokers Name _____ Phone Number _____ Fax Number _____