



SPECIAL RISK

INSURANCE MANAGERS

SRIM HELICOPTER HULL AND LIABILITY FORM

Check which is desired: A QUOTATION INSURANCE POLICY RENEWAL POLICY

Name of Applicant (Include D/B/A's and Holding Companies):

Address:

Business or occupation of applicant:

Applicant is: Corporation Individual(s) Partnership Other(Describe)

Insurance Is requested from: _____ to: _____

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Person	Each Occurrence
<input type="checkbox"/> Single Limit Bodily Injury and Property Damage Liability: Passengers: <input type="radio"/> Included, <input type="radio"/> excluded	\$ Each Passenger	\$
<input type="checkbox"/> Other Liability	\$	\$
<input type="checkbox"/> Medical Expenses Crew _ <input type="radio"/> included, <input type="radio"/> excluded	\$	Each Person

Physical Damage Coverage

Amount of Hull Insurance

Aircraft 1: \$

Aircraft 2: \$

Deductibles \$ %

Rotors not in motion:

Rotors in motion:

Aircraft	Reg. No.	Seating Capacity		Purchased		Price Paid by Applicant (incl .extras)	Present Estimated Value (incl .extras)	Engine Hours Since New, or Since Last Major Overhaul	Number of Hours Flown in the Last 12 Months	Estimate Flight Hours Next 12 Months
		Crew	Pass	New or Used	Date					
Year, Make and Model										
1.						\$	\$			
2.						\$	\$			

Description of special or extra equipment installed on aircraft and spares inventory

Aircraft 1. _____ Value: \$

Aircraft 2. _____ Value: \$

Spare Parts Inventory: Value: \$

Applicant is: Sole owner Owner subject to mortgage or conditional sales contract
 Lessee Other(Explain)

If aircraft is encumbered, name and address of lienholder or lessor:

Amount of encumbrance (excluding interest and finance charges): \$

Will Breach of Warranty Coverage be required by lienholder? Yes No

Aircraft Use: check all use(s) to which policy is to apply			
<input type="checkbox"/> Pleasure (non-professional pilots)	<input type="checkbox"/> Instruction- Pilot upgrade	<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> External Load – Slung Cargo
<input type="checkbox"/> Business (non-professional pilots)	<input type="checkbox"/> Charter: <input type="radio"/> Pass <input type="radio"/> Cargo	<input type="checkbox"/> Patrol Flights (describe below)	<input type="checkbox"/> Pole/inflight Pick Up & Delivery
<input type="checkbox"/> Corporate - Executive (flown by professional pilots hired for this purpose)	<input type="checkbox"/> Air Ambulance, Medivac	<input type="checkbox"/> Slash Burning	<input type="checkbox"/> Logging
<input type="checkbox"/> Instruction - Initial	<input type="checkbox"/> Police Operations	<input type="checkbox"/> Fire Control, Water Bucket, Fire Support	<input type="checkbox"/> Helisking
<input type="checkbox"/> Instruction - Check-out	<input type="checkbox"/> Traffic Watch or News	<input type="checkbox"/> Crop Dusting, Spraying, Seeding	
<input type="checkbox"/> Other uses not listed:			

Who maintains operational control of the aircraft being operated?

Is Airworthiness Certificate other than standard? Yes No If Yes ,explain

Is engine being operated beyond TBO? Yes No If Yes , explain

Aircraft usually based at:	Hangared? <input type="radio"/> Yes <input type="radio"/> No
----------------------------	--

If private heliport, describe facilities and security:

6. Has any pilot's Transport Canada, or other pilot certificate ever been suspended or revoked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Has any pilot ever been cited for any violation of any aviation regulation in any country?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Has any pilot ever been involved in any aircraft accident?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Has any pilot ever been convicted or pleaded guilty to a felony or driving while intoxicated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explain all "yes" answers to these questions								

Name of last aviation insurance carrier (if none so state)
To the Applicant's knowledge has any damage been sustained to, or have any claims been by others that have arisen out of the operation of, any aircraft owned by or in the custody of the Applicant? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide details
Has any insurance company or underwriter at any time declined an application submitted by or cancelled or refused to renew a policy held by the applicant or any of the pilots named herein regard to any type of insurance? <input type="radio"/> Yes <input type="radio"/> No If so, explain:

Workers Compensation insurance now in effect:	
Carrier:	Expiration Date:
Limits:	

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?