

Suite 103, 8411 – 200th St. Langley BC. V2Y 0E7 TOLL FREE 1800 993 6388 | FAX 604 888 1008 |

AVIATION Premises Liability with Property Coverage APPLICATION

Nar	med Insured:					
Nar	Name of Principals:					
	FULL Mailing Address:					
	If property of others is stored on your premises, please advise as completion of a different application will be required.					
1. Provide the location address and description of the Premises:						
On	Airport: Off Airport:					
Address:						
Description:						
	Size:					
	Heating:					
	Construction:					
	d) Fire Protection and Proximity to hydrant & fire hall:					
e)	Ago Of Building					
f)						
q)	Alarmed /Security: Sprinklers:					
9 <i>)</i> h)						
i)	Upgrades to Roof / Heating / Electrical:					
j)	Any Other Information:					
k)						
Provide photos of front & rear of building with completed application.						
_	. Are you the sole occupant of the Premises? Yes: No: a) If No, list all other occupants:					
	i					
	ii					
	iii					

2.



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3.	Do you own your Premises?	Yes:	No:	
4.	Property Limits Required: Buildin	ng: \$	Contents: \$	Other: \$
5.	Premises Liability Limits Require	ed: \$		
6.	Loss History: Describe any insured	d or not insur	ed losses you or your opera	tion has had in the past 5
ye —	ars, including date of loss, details of	the accident	and amount of loss.	
	Insurance History: Describe if any surance coverage?	Insurer has	cancelled, declined or refuse	ed you or your operation
	Current Insurer: Expiry Date: Expiring Premium: Name of Agent or Broker:			
٠.	Brokerage Mailing Address:			
	Brokerage Email & Telephone #:	:		
	IMPORT	TANT - PLEA	ASE READ CAREFULLY:	
pro	is understood and agreed that the co oposed insured or to the company un plication.			
	is application is attached to and form mpleted in full, signed, dated and wit			the application is
	Signature of Owner /Ope	erator	-	Date