



AVIATION BUSINESS QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

Agency Name: _____ Policy Number: _____

A. Type of aviation being written and premium volume.

1. Private aircraft: type and experience of owner:

2. Crop Duster \$ _____ Charter Guide \$ _____
Student Instruction \$ _____ Air Taxis \$ _____ Other \$ _____

3. Corporate aircraft – Used by who?

B. Airport Coverage

Terminals \$ _____ Runways \$ _____ Hangar Keepers Liability \$ _____
Other \$ _____

C. Manufacturing of aircraft parts

1. What type of part? _____
2. What function does this part play? _____

D. Reminders

1. What's the agency's experience handling this type of coverage? _____
2. Who handles this business within the agency? _____
3. How long has the agency been writing this account? _____

4. Where and how is this business placed? _____

Broker _____ % Carriers _____ % Other _____ %

5. Other relevant information:

E. Total volume of aviation business: \$ _____

Very Important: **Do not forget to report to your present insurer any facts or circumstances which could result in a claim against your agency or one of its agents or brokers.**

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of owner or a partner

Name of the signatory in block letters

Title

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**