

## Non-Owned Aircraft/UAS Application Form

### APPLICANT DETAILS

Name of Insured:			
Street Address:			
City:	Province:	Postal Code:	
Current Insurer:	Date Coverage Required/Expiry Date:		
Has prior insurance ever been cancelled or non-renewed? Yes <input type="radio"/> No <input type="radio"/>			

### PRINCIPAL

Owner:	Website:
--------	----------

### TYPE OF BUSINESS

Business of Insured:
Years in business:
Number of employees:
Number of offices in Canada:
Number of offices in USA:
Number of offices in rest of the world and locations:

### COVERAGE INFORMATION

Purpose:
Types of Aircraft/Helicopter/UAS (Drone) used:
Seating capacity:
Operator and Primary Limits:

Are you added as Additional Insured to the operator's policy?  
**If yes, please provide copies of Certificates**

How many hours do you expect to fly?			
Fixed Wing		Rotary Wing	
Last 12 Months	Next 12 Months	Last 12 Months	Next 12 Months
In Canada			
In the USA			
Rest of the World			

**If Rest of the World, please state locations:**

**PILOT DETAILS**Do you have any pilots on staff employed as a corporate pilot? Yes  No **If yes** , how many?Do you have any employees that fly their own aircraft on company business? Yes  No **If yes** , please provide aircraft details:Do you have any staff pilots or employees that rent aircraft for company business? Yes  No **If yes** , please provide details:

Name	Age	Total Time	Total Single Engine	Total Multi Engine	Total Floats	Total Rotary Wing	Claims	Type of License	
								Private	Commercial

Hours flown annually on company business:

**LIABILITY LIMIT (please check amount required)**\$1,000,000  \$2,000,000  \$5,000,000  Other (please state) \$**ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)**

The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

Applicant's Signature

Date

Broker's Name

Contact

Email

Phone