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Application for Aviation Liability Insurance

Insurance for
Things That Move.™

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – General Information

Legal Name & Mailing Address

Risk Address (if different than above)

New Policy

Renewal Policy

Years in Business

Affiliates, subsidiaries, related companies (details)

No of Employees

Canada _____ USA _____

Contact Name _____

Payroll

Phone _____ Fax _____

No. of Branches

E-Mail _____ Website _____

Public / Private

Company Type

- Manufacturer Maintenance/Repair/Overhaul Airport Services
 Contractor Hangarkeeper Airport Operator
 Other (specify) _____

Additional Insureds and their relationships to Applicant

Section 2 – Loss Prevention

Does the Applicant have an employee safety training program?

Yes No

If yes, please provide details

Does the Applicant have a loss prevention program in effect?

Yes No

If yes, please provide details

Section 3 – Quality Control

Does the Applicant have a Quality Control Process or certification by a recognized quality management organization?

Yes NO

If yes, please specify

Section 4 - Operations

Territory of Operations

British Columbia	%	Maritimes	%
Alberta	%	Newfoundland	%
Prairies	%	Territories	%
Ontario	%	Quebec	%

Revenues associated with the following activities

AIRCRAFT SALES		PARTS / COMPONENTS SALES		CONTRACTORS	
Airline		Airframe materials / parts		Snow Removal	
Fixed Wing Piston		Engines		Grass Cutting	
Fixed Wing Turbine		Avionics/electronics		Runway/Taxi maintenance	
Helicopter		Airport / air traffic controls		Building Construction	
Unmanned Aerial Vehicle (UAV)		Ground support		Fuel Delivery	
Ultralights		Aircraft systems (incl landing gear)		Cargo/Courier	
Home Built		Simulators		Other (please describe)	
MAINTENANCE/REPAIR/OVERHAUL(MRO)		AIRPORT OPERATIONS		HANGARKEEPER	
Routine Maintenance		Cargo/Baggage Handling		Hangared	
Airframe / Systems Overhaul		Passenger Security		Tied-Down	
Engine Repair / Overhaul		Deicing		OTHER	
Propeller Repair / Overhaul		Towing		Non-Aviation	
Avionics Repair / Overhaul		Fueling			
Aircraft Cleaning		Grooming			
Painting		Air Traffic Control			
Consulting		Food / Beverage		TOTAL	

Section 5 – Principal Engineers

Name	Age	License Type	Yrs of Experience	Yrs Employed	Claims

Section 6 – Property Information

List all locations of operations (including hangars and airports), providing details below (for additional locations, attach a separate sheet)

	Address/Airport	Rent or Own	Total Area (sq.ft)	Age	No. Stories	Construction* (Walls/Floor/Roof)	Protection*
1							
2							
3							
4							
5							

*Construction - Fire Resistive, Non-Combustible, Combustible * Protection – Fully (hydrant within 300m), Semi (fire hall within 8 km), Non (no hydrants)

Are any of the above locations occupied by others? If YES please provide details and sq. footage occupied Yes No

Fire and Safety

Location	Sprinklered	Central Station	Local Fire Alarm	Extinguishers	Smoke Detectors	Well Lit Exits
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Improvements - please provide details of any improvements to buildings (eg roof, wiring, plumbing)

Details

Risk Management – please indicate any initiatives to improve the exposures

Security protection program (deadbolts, interior detectors, bars, fences, card access, etc) Yes No Superior Housekeeping Yes No

Details

Section 7 – Equipment

List any number of vehicles operated airside

Snow removal		De-icing		Escort	
Grass cutting		Fuel		Catering	
Maintenance		Passenger		Cargo/baggage	

Other (please describe)

Section 8 – Product Information

Describe products sold or manufactured (Please also include copies of brochures, warranties and discontinued products)

Percentage of product manufactured		Percentage of product installed	
Percentage of new products		Percentage manufactured to customer specifications	

Describe types of aircraft usually worked upon

List principal customers and countries

Section 9 – Contractors

Describe contracts / service (eg fueling, snow removal, ramp service, etc)	Yrs of Experience	Length of Contract

Does the Applicant subcontract part of the contract? If YES do the subcontractors carry their own insurance Yes No

Is the work performed during airport operational hours? Yes No

Type of Aircraft Serviced? Piston Turbine Small Jet Large Jet Rotor

Describe any safety precautions

List the principal customers

Fueling Details

By: Truck Pump Other Tanks: Above ground Underground Type: Gas Jet

Fuel handing training program Yes No Emergency equipment at airport Yes No

Section 10 – Hangarkeepers Information

	Hangared		Tied Down	
	Average	Maximum	Average	Maximum
Number of third party aircraft				
Value of any one aircraft				
Value of all aircraft				

Section 11 – Airport Operations

Description of Airport

	Runway	Construction	Length	Width	Obstructions
1					
2					
3					
Is the Airport fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fire Station - Distance from Airport:		
Emergency Equipment – please describe			Does Applicant maintain an emergency air crash plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the airport used at night? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the airport used during the winter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who provides snow removal maintenance?			Who provides grass cutting and general maintenance?		
Air Traffic controlled: : <input type="checkbox"/> Tower <input type="checkbox"/> Unicom <input type="checkbox"/> Uncontrolled					
Number of Aircraft based at airport			Largest aircraft used at the airport		
Please describe scheduled aircraft at this airport					
Number of aircraft movements: Scheduled			General		
Are there airshows at this airport? If YES please provide details					
Describe any non-aviation activities					

Section 12 – Coverage Requirements

Coverage	Limit Required / Deductible	Coverage	Limit Required / Deductible
Premises Liability		Non-Owned Automobile Liability	
Products & Operation Liability		Building	

Hangarkeeper's Liability		Contents	
Airport Liability		Misc Property (eg-tools, equipment)	
Tenant's Legal Liability		Business Interruption	

Section 13 – Additional Specialty Coverages

Eagle Underwriting is able to provide specialty insurance coverages that may pertain to you or your client's operations. Please contact your insurance broker to inquire about the following:

Network Security & Privacy Breach	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade / Supply Chain Disruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Political Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No	War & Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 14 – Insurance & Loss History

Current Insurer		Policy renewal date	
Policy limit of liability		Current Deductible	

Has insurance ever been cancelled or declined? Yes No

List all claims made against the Applicant during the past **five years** for bodily injury or property damage

NOTE: Please attach a hard copy of Loss Statistics & advise of any incidents that may result in a claim

Section 15 – Applicant's Signature

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. **I hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)	Applicant's Signature
Title	Date Signed