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Application for Commercial Aviation 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

No of Employees

Payroll

No. of Branches

Public / Private

Contact Name _____

Phone _____ Fax _____

E-Mail _____ Website _____

Section 2 – Loss Prevention

Do you employ a designated safety officer?

Yes No

If yes, please provide their name

Do you have a loss prevention program in effect?

Yes No

If yes, what training and education do you require for employees?

Section 3 – Quality Control

Does your company currently hold or, in the process of certification by a recognized quality management organization (for example, ISO 2000/9000)?

Yes No

If yes, please specify?

Section 4 - Operations

Territory of Operations

British Columbia	%	Maritimes	%
Alberta	%	Newfoundland	%
Prairies	%	Territories	%
Ontario	%	USA	%
Quebec	%	Do you advertise in the USA?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe your operations

Section 5 – Location of Operations

	Address	Airport Code	Description
Main Base			
Sub Base			
Other			

Section 6 – Principals / Key People within your organization

Owner	Employed since
President	Employed since
Chief Pilot	Employed since
Ops Manager	Employed since
Chief Engineer	Employed since
AMO	Employed since

Section 7 – Pilot Information

Name	Age	Total Time	Time on Type	Time M/E	Time Floats	Time Last 12 months	Aircrafts to be Flown	Accidents / Violations

Section 8 – Schedule of Aircraft

	Make, Model, Year	Reg. #	Hull Coverage Required			Value (Wheels)	Value (Floats / Skis)	Pax. Seats	Third Party Liability	Utilization Expected next 12 months	
			None	ARFG	ARG					Days	Hours
1											
2											
3											
4											
5											
6											
7											
8											
9											

10. Please attach schedule None=Hull Coverage Declined ARFG=All Risk Flight Ground ARG=All Risk Ground Only

Section 9 – Schedule of Work

Please specify percentages of type of work. Total must be 100%

Passengers – schedule work	%	Passengers – Tourism (CDN residents)	%
Passengers – charter work	%	Passengers – Tourism (US residents)	%
Cargo - Internal	%	Cargo – Slung	%
Patrol – Pipeline/Power	%	Patrol - Police	%
Patrol – Traffic	%	Search & Rescue (Fixed)	%
Search & Rescue (Rotor)	%	Exploration – Onshore	%
Exploration – Offshore	%	Training – Ab Initio	%

Training – Advanced and Recurrent	%	Rental	%
Forestry – Patrol	%	Forestry – Logging	%
Forestry – Shakes	%	Forestry – Fire Bucket	%
Air Ambulance	%	Ferrying	%
Heliskiing	%	Parachuting	%
Spraying	%	Other	%

Section 10 – Other

Premises Liability

Base	Age	Size	Construction	Heating	Sprinklered	Alarmed	Owned/Leased
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Are you the sole occupant?

If not, who shares it?

Hangarkeepers Liability

Products Liability

	Average	Maximum		Last 12 months	Next 12 months
Value of any one aircraft			Aircraft		
Value of all aircraft			Fuel & Oil Sales		
Customer Test Flights			Aircraft Parts - Sold		
Spares			Aircraft Parts - Installed		
Total Value			Labour – Maintenance		
Any one location			Labour – Repair/Overhaul		

Section 11 – Coverage Requirements

Coverage	Limit Required	Coverage	Limit Required
Spares		Contingent Employers Liability	
Premises Liability		Baggage Liability	
Hangarkeepers Liability		Cargo Liability	
Products Liability		Other	
Non-Owned Aircraft Liability		Other	
Personal Injury Liability		Other	

Section 12 – Insurance History

Current Insurer		Has insurance ever been cancelled or declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy renewal date		Limit of Liability	

Section 13– Loss History Paid and Outstanding (past 5 years)

Year	Paid Premium	Paid Claims & Expenses	Outstanding Claims
Current			
Current less 1			
Current less 2			
Current less 3			
Current less 4			
TOTALS			

NOTE: Please attach a description of any accidents or violations that the Applicant or pilots have had in the last 5 years

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