

AVIATION GENERAL LIABILITY FORM

Name of insured: _____

 Address: _____
Street City Province Postal Code

Telephone Number: _____ Fax Number: _____ Email Address: _____

Current Insurer: _____ Expiry Date: _____

Principal Owner(s): _____

Type of Business

How long have you been in business _____ years

Number of Aviation Employees _____ Full time _____ Part time _____

| | | | |
|-----------------------------|--|------------------------|--|
| Aircraft maintenance | | Aircraft cleaning | |
| Aircraft engine overhaul | | Fuel supplier | |
| Aircraft propeller overhaul | | Ramp service | |
| Aircraft sales | | Independent contractor | |
| Commercial Air Service | | Manufacturer | |
| Flying School | | Other, describe | |

Location of premise:

On airport: _____ Off airport: _____

Please provide details of the hangars or premises you occupy.

| Location - state all Locations | Age | Size | Construction | Heating | Sprinklers | |
|--------------------------------|-----|------|--------------|---------|------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Are you the sole occupant of your hangar or premises Yes No If no, list other occupants

| | |
|--|--|
| | |
| | |
| | |
| | |

Describe fire protection facilities available to your locations: _____

Do you expect to do any construction work on your property in the next 12 months? Yes No If yes, provide details:

Do you have any written agreement holding other parties harmless? Yes No If yes, provide details:

Hangarkeepers Coverage

State number of aircraft in your care custody or control

| | Average | | Maximum | |
|------------------------|----------|-----------|----------|-----------|
| | Hangared | Tied Down | Hangared | Tied Down |
| Value any one aircraft | | | | |
| Value of all aircraft | | | | |

Are you responsible for moving other peoples' aircraft? Yes No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care custody and control? Yes No

(If yes, please attach a copy of the standard agreement)

Ramp Services

If you provide services to third party aircraft for the preparation of a flight or arrival of a flight please complete the following details:

| Type of Operation | Yes | No | Past 12 months | Estimated for next 12 months |
|---------------------------------|-----|----|---------------------|------------------------------|
| Loading or unloading of baggage | | | \$ | \$ |
| Loading or unloading of cargo | | | \$ | \$ |
| Marshalling | | | \$ | \$ |
| Deicing | | | \$ | \$ |
| Towing | | | \$ | \$ |
| Power Starts | | | \$ | \$ |
| Fuelling Av Gas | | | \$ Litres pumped | \$ Litres pumped |
| Fuelling Jet Fuel | | | \$ Litres pumped | \$ Litres pumped |
| Grooming | | | \$ | \$ |
| Other, describe | | | \$ | \$ |

Please state types of aircraft serviced and frequency you provide this service.

| | Piston/Turbo Prop | | Jet Aircraft | |
|-----------------------------------|-------------------|------------------|---------------|--------------------|
| | Provide Types | How often a week | Provide Types | How often per week |
| | | | | |
| | | | | |
| | | | | |
| Who are your principal Customers? | 1. | | | |
| | 2. | | | |
| | 3. | | | |

How long have you provided this service? _____ years

Do you have any agreement with your major customers where they have agreed to hold you harmless? Yes No

If yes, please provide a copy of the agreement.

(cont.)

Products Coverage

Please provide details of your gross receipts:

| Gross Receipts from: | Past 12 months | Estimated for next 12 months |
|---|----------------|------------------------------|
| Labour from routine maintenance | \$ | \$ |
| Labour from airframe repair/overhaul | \$ | \$ |
| Labour from engine repair/overhaul | \$ | \$ |
| Labour from propeller repair/overhaul | \$ | \$ |
| Labour from avionics repair/overhaul | \$ | \$ |
| All parts installed | \$ | \$ |
| Avionics sales not installed | \$ | \$ |
| New parts installed | \$ | \$ |
| Used parts installed | \$ | \$ |
| New aircraft sales | \$ | \$ |
| Used aircraft sales | \$ | \$ |
| Painting | \$ | \$ |
| Fuel (if receipts exceed \$100,000 complete Ramp Service Questions) | \$ | \$ |
| Other, Describe | \$ | \$ |

| Type of aircraft You Work On | Yes | No | Gross Receipts as a % |
|-------------------------------------|-----|----|-----------------------|
| Single engine piston | | | |
| Twin engine piston | | | |
| Turbine | | | |
| Jets | | | |
| Helicopters | | | |

Please list details of your Principals

| Name | Type of License | Total Years Experience | Years employed by you | Any Claims |
|------|-----------------|------------------------|-----------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Coverages Required | | Limit Each Occurrence | Alternate Limits |
|--|---|-----------------------|------------------|
| 1. Airport Premises, Property & Operations | Limit Each Occurrence | \$ | \$ |
| 1a. Tenant Legal Liability | Limit Each Occurrence | \$ | \$ |
| 2. Hangarkeepers | Limit Per Aircraft | \$ | \$ |
| | Limit Per Occurrence | \$ | \$ |
| 3. Products | Limit Per Occurrence & in the Aggregate | \$ | \$ |

(cont.)

Loss and Violation History

Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss : _____

I/We declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/We further agree that Insurers may investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by an authorized person in writing.

Date _____ **Applicant's Signature** _____

Name of agent or broker: _____

Address: _____

Broker Agent Are you the holding producer? Yes No If yes, for how many years? _____