

HANGAR PROPERTY/LIABILITY APPLICATION

Provide photos of front & rear of building with completed application or will be required prior to binding.

PART 1 – GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Name of Principal(s): _____

Operations: _____

Website Address (if applicable): _____

Number of Years in Business (if applicable): _____ Desired Effective Date: _____

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? No Yes

if yes, provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied: _____

PART 2 – PROPERTY UNDERWRITING INFORMATION

Select the Construction Class, which best describes your building:

- | | |
|--------------------------|---|
| Fire Resistive | (Walls, floors, roof and supports of solid masonry) |
| Masonry, Non-Combustible | (Walls of masonry; floors and roof of masonry or engineered non-combustible materials, supported by protected steel) |
| Non-Combustible | (Walls, floors and roof of engineered non-combustible materials, supported by unprotected steel) |
| Masonry (including Mill) | (Walls of greater than 4" thick masonry; floors and roof of wood, supported by heavy timber, wood joists or unprotected metal) |
| Masonry Veneer | (Walls of less than 4" thick masonry; floors and roof of wood, supported by wood joists or other combustible or susceptible material) |
| Frame | (Walls, floors and roof of combustible or susceptible materials, supported by wood or other combustible or susceptible material) |

Fire Department: Paid F/T: _____ Paid P/T: _____ Volunteer: _____ None: _____

Distance to Fire Hall: _____ Km

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 100 feet Over 1000 feet

Year built: _____

Updates (indicate year): Building _____ Electrical _____ Roof: _____ Plumbing: _____

Indicate Plumbing Type: _____ Hot Water Tank Age: _____

Adjacent Exposures: _____

Height of building: _____ Heating Type: _____ General Housekeeping: _____

Total Building Sqft: _____ Applicant's Sqft: _____ Building Sprinklered: No Yes If yes, _____ %

Burglary Alarm System: Monitored Local None Is the monitoring company ULC Approved No Yes _____

Does your building have a ULC Automatic Fire Extinguishing system (if applicable)? No Yes

Has the system been independently tested within the past 12 months (if applicable)? No Yes

Any welding or application of heat inside hangar? No Yes

Any spaced heaters or hot plates? No Yes If yes, details: _____

Any storage of fuel or solvents? No Yes

If yes, are all flammable items stored in appropriate ULC listed safety storage cabinets? No Yes

Is the hangar located **On Airport:** No Yes **Off Airport** No Yes

Do you own the hangar building? No Yes Are you the sole occupant? No Yes How many units/bays: _____

Is your aircraft registered in the same name as the hangar? No Yes

Are there any tenants or 3rd party aircraft or property stored? No Yes

Insured's Occupancy: _____

Other Occupancies/Tenants: _____

If the insured rents out space for storage of 3rd party aircraft(s), would you like terms including hangarkeepers liability?
(Hangarkeepers liability is described as 'damage done to an aircraft not owned by you but in your Care Custody or Control').

If yes, please provide the following:

- Number of 3rd party aircrafts stored inside the hangar? _____
- Minimum value any 1 aircraft (not owned by the insured): \$ _____
- Maximum value of ALL aircrafts (not owned by the insured): \$ _____

PART 3 – COVERAGE REQUIREMENTS (per location)

Property & Business Interruption Coverages	Amount of Insurance
Building	
Equipment (Including Tenants Improvement)	
Rent or Rental Value	
Other:	
Liability Coverage	Amount of Insurance
Premises Liability	
Hangarkeepers Liability - any one aircraft	
Hangarkeepers Liability - any one accident	
Other:	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

- Sewer Back-up
- Replacement Cost
- Flood
- Earthquake

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicant's Signature: _____ Position: _____

Please Print Name: _____ Date: _____