

NON OWNED AIRCRAFT LIABILITY FORM

Name of Applicant: (Include D/B/A's and Holding Companies):

Address: _____

Business or occupation of applicant: _____

Applicant is: Corporation Individual(s) Partnership Other(Describe) _____

Insurance is requested from: _____ to: _____

Liability Coverage:

Limit of Liability Required: \$ _____

Do you or your employees use their own fixed wing or rotor wing aircraft on company business? Yes No

If "Yes", please advise: _____

Make & Model of aircraft flown: _____

Pilot qualifications (Name, Age, Total Hours, Hours in Make & Model): _____

Is applicant included as an Additional Insured on employee's aircraft insurance? Yes No

Does application request a certificate of insurance? Yes No

Do you or your employees charter or rent fixed wing or rotor wing aircraft for company business? Yes No

If "Yes", please advise: _____

Make & Model of aircraft used: _____

Seating Capacity of aircraft (including crew): _____

Approximate number of hours flown annually: _____

Do you use or anticipate using any non-owned aircraft with 10 or more seats (including crew)? Yes No

If "Yes", how many _____

Are any flights contemplated outside of Canada? Yes No If "Yes", where: _____

Do you obtain a certificate of insurance from each aircraft operator naming you as an additional insured? Yes No

Do you require a minimum limit of liability from the aircraft operator? Yes No If "Yes", Amount: \$ _____

Have you ever had a claim made against you for an aircraft you have chartered? Yes No

If "Yes", please provide details _____

Do you Currently have this type of insurance? Yes No

If "Yes", please advise Renewal Date: _____ Current Insurer: _____

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: _____