Suite 103, 8411 – 200th St. Langley BC. V2Y 0E7 TOLL FREE 1800 993 6388 | FAX 604 888 1008 |

AVIATION Premise Liability	(Airstrip) APPLICATION
Named Insured:		
Name of Principals:		
FULL Mailing Address:		
If property of others (aircrafts) is stored on your prenapplication may be required.	nises, pleas	e advise as completion of a different
Provide the location address and description of the F	remise:	
Legal Address:		
Description of Airstrip (construction / length) :		
If there is a hangar / structure on the premise, pleas	se advise:	
a) Size:		
b) Heating:		
c) Construction:		
d) Fire Protection and Proximity to hydrant & fire h	ıall:	
e) Age Of Building:		
f) Alarmed /Security:		
g) Sprinklers:		
h) Plumbing: Type/Up	grades:	
i) Upgrades to Roof / Heating / Electrical:		
j) Any Other Information:		
k) Any repairs or welding on site:		
Photos (front & rear of building) will be require	ed if hang	ar / building coverage required
Does anyone other than you use your Airstrip?	Yes:	No:
How many annual movements are there?	By You:	By Others:
Who is responsible for the Maintenance around you	ır airstrip (grass cutting / snow plowing / etc):



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Do you allow aircrafts (not owned by you) to be parked at your airstrip? Yes:				
Is your airstrip a registered aerodrome in the Canada Flight Supplement? Yes:				
Property Limits Required: Building: \$	Contents: \$	Other: \$		
Premises Liability Limits Required: \$				
Loss History : Describe any insured or not insured years, including date of loss, details of the acciden	, , ,	ration has had in t	he past 5	
Insurance History: Describe if any Insurer has coinsurance coverage?	ancelled, declined or ref	used you or your o	pperation	
Current Insurer:				
Expiry Date:				
Expiring Premium:				
Name of Agent or Broker:				
Brokerage Mailing Address:				
Brokerage Email & Telephone #:				
IMPORTANT - PLE	ASE READ CAREFULL	Y:		
It is understood and agreed that the completion of proposed insured or to the company until accepted application.				
This application is attached to and forms part of th completed in full, signed, dated and witnessed war		that the application	on is	
Signature of Owner / Operator		Date		