AVRO
INSURANCE MANAGERS LTD.

AVIATION
PROPERTY INSURANCE APPLICATION

Reset Form

PART 1 GENERAL INFORMATION

Applicant Name:

Insured Name:

Mailing Address: Province: Postal Code:

Telephone No.: Email:

Website:

Broker Details:

Brokerage: Broker Contact:

Broker Phone: Broker Email:

Desired Effective Date (DD/MM/YYYY): Expiry Date (DD/MM/YYYY):

PART 2 COMPANY OPERATIONS

Description of Operations:

Total Annual Revenue: $

Number of Employees: Full Time: Part Time: Total Payroll: $

Do you have tenants in your hangar? ☐ Yes ☐ No If Yes, please list the tenant(s) below:

Total Rental Income (if applicable): $

PART 3 CONTRACTORS EQUIPMENT COVERAGE

Only complete this section if you have tools or equipment that leaves your premises and is not part of an aircraft

#	Year, Make, Model	Description	Serial Number	Value
1				$
2				$
3				$
4				$
5.				$

PART 4 LOCATION INFORMATION

Location Address (including Hangar No.):	
Location Number:	How long at this location?
Area (total sq. ft. of hangar):	Sq. ft. occupied by you:
Building owned or leased:	Year Built:
Occupancy (e.g. storage of owned aircraft, storage of tenant aircraft, aircraft maintenance, snowmobile storage, etc.):	
Name of Loss Payees or Mortgagees:	
Address of Loss Payee or Mortgagees:	

PART 5 CONSTRUCTION

Building Construction:	☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
Construction Class:	☐ 1. Fire Resistive ☐ 2. Non-Combustible with Masonry Walls ☐ 3. Non-Combustible with Non-Masonry Walls ☐ 4. Masonry ☐ 5. Masonry Veneer ☐ 6. Frame (and all other)
Roof:	☐ Asphalt ☐ Shingle ☐ Steel Deck ☐ Metal ☐ Other
Floors:	☐ Concrete ☐ Wood ☐ Unpaved ☐ Other
Basement:	☐ Poured Concrete ☐ Concrete Block ☐ None ☐ Other
Electrical:	☐ Breakers ☐ Breakers & Fuses ☐ Fuses ☐ None ☐ Other
Plumbing:	☐ Copper ☐ Copper & Plastic ☐ Plastic ☐ None ☐ Other
Heating:	☐ Forced Air ☐ Radiant ☐ In Floor ☐ None ☐ Other
Fuel:	☐ Natural Gas ☐ Propane ☐ Electric ☐ Oil ☐ Other
If you have answered 'Other' to any of the above, please provide details:	

PART 6 PROTECTION

Hydrants:	☐ None ☐ Within 150m ☐ Within 300m ☐ Over 300m
Fire Department:	☐ Within 5km ☐ Within 8km ☐ Within 13km ☐ On Airport
Fire Alarm:	☐ Central Station ☐ Local ☐ None
Sprinklers:	☐ Central Station ☐ Local ☐ None
Burglar Alarm:	☐ Central Station ☐ Local ☐ None

Portable Fire Extinguishers:	☐ Yes ☐ No
Security Cameras:	☐ Yes ☐ No
Motion Detectors:	☐ Yes ☐ No
Security at Airport 24 Hours:	☐ Yes ☐ No
Aircraft fuel tanks/ station within 150m (if Yes, how many meters away?)	☐ Yes ☐ No
Any hazardous/ flammable materials on site?	☐ Yes ☐ No
If hazardous/ flammable materials are on site, please provide details of how they are stored:	

PART 7 COVERAGES REQUIRED

Coverages	Location 1.
Building	$
Contents	$
Stock	$
Equipment	$
Office Computer – EDP Hardware	$
Equipment Breakdown	$
Rental Income	$
Actual Loss Sustained	$
Extra Expense	$

Are there are any further details or comments that Applicant would like to state to describe Operations? ☐ Yes ☐ No

If yes, please provide details below:

PART 7 INSURANCE HISTORY & REQUIREMENTS

Please provide details of your current **Property Liability** insurance policy:					
Effective Date: (DD/MM/YYYY)	Retro Date: (DD/MM/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		$	$	$	
Please provide details of your required **Property Liability** insurance policy:					
Effective Date: (DD/MM/YYYY)	Retro Date: (DD/MM/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		$	$	$	
Please provide details of your required **Commercial General Liability** insurance policy:					
Effective Date: (DD/MM/YYYY)	Limit:	Deductible:	Premium:	Insurer:	
	$	$	$		

PART 8 CLAIMS HISTORY

Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or:	☐ Yes ☐ No
Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or:	☐ Yes ☐ No
Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or:	☐ Yes ☐ No
Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?	☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	$ RESERVE OR LOSS AMOUNT PAID BY INSURER	$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			$	$
			$	$
			$	$
			$	$

Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance. The policy may be deemed to be void and claims may be denied where:

1) An applicant for a contract:
   a) Gives false or erroneous information to the prejudice of the insurer, or
   b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2) The Insured contravenes a term of the Contract or commits a fraud; or
3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Signature of Applicant: Position:

Please print name here: Date:

BROKER DECLARATION

How long have you known the Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of the facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker Signature: Position:

Please print name: Date:

SUBMIT