



Please complete and send to your Broker

www.avroinsurance.com

Commercial Aircraft Application Form

APPLICANT DETAILS

Name of Insured:		
Street Address:		
City:	Province:	Postal Code:
Current Insurer:	Date Coverage Required/Expiry Date:	
Has prior insurance ever been cancelled or non-renewed?		

PRINCIPAL

Owner:
Chief Pilot:
Operations Manager

FACILITIES

Bases
Description

OPERATIONS

How many years have you been in operation?
Do you advertise in the United States?
Website:
Describe any operations you have involving flight into the United States

AIRCRAFT DETAILS

Year, Make & Model	Regn	Hull Coverages Required	Agreed Value	Land Ski Floats	Pass Seats (excl pilot)	Limit of Liability	Utilization Expected	
							Days	Hours
Spares: (parts, equipment, tools, ground handling etc)	Total Value			Max. any one location		Are your spares computerized?		
	\$	\$	Yes	No				

PILOTS

Name	Age	Total Time	Total Floats	Total M/E	Time on Type	Aircraft to be Flown	Total Last 12 Months	Accidents

OPERATION CHECKLIST

	%	Regular	Infrequent	Not Anticipated
Schedule Work				
Charter				
Flight Training				

<i>Charter Work (breakdown this work by cargo and people listed below)</i>				
Cargo				
Transportation of people in course of their work				
Sightseeing or tourism:				
Canadian Residents				
US or foreign residents				
Specific work:				
Survey - mapping, seismic, aerial photography				
Power or pipeline patrol				
Traffic patrol				
Air ambulance				
Rental				
Training - Ab initio				
- Advanced				
Spraying - agricultural or forestry				
Heli-skiing/fishing				
Forestry:				
Heli-logging				
Fire patrol				
Other				

ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)

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The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

Applicant's Signature	Date
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Broker's Name	Contact
Email	Phone