



Please complete and send to your Broker

www.avroinsurance.com

Pilot Application Form

APPLICANT DETAILS

Name of Pilot:		
Street Address:		
City:	Province:	Postal Code:
Has prior insurance ever been cancelled or non-renewed?		

DETAILS OF AIRCRAFT TO BE FLOWN

Aircraft Registration:
Passenger Seats (excluding pilot):
Year, Make and Model:

USE OF AIRCRAFT (check all that apply)

Private Business & Pleasure:
Rental:
Instruction:
Commercial:
Other (please describe):

PILOT DETAILS

Name			
Date of birth MM/DD/YY			
FIXED WING	Total	Dual	PIC
Total hours			
Total hours on make and model			
Total hours - retractable			
Total hours - multi-engine			
Total turbine hours			
Total hours - taildragger			
Total hours - floats/amphibian			
Total hours last 12 months			
ROTOR WING	Total	Dual	PIC
Total hours			
Total turbine hours			
Total hours on make and model			
Total hours last 12 months			
Type of Licence type and expiry date:			
Endorsements to Licence:			
Medical expiry date:			
Safety/recurrency training? Describe:			
Any operation outside of Canada?		<i>If yes, give locations:</i>	

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 of the applicant as an approved pilot on Policy Number _____. No coverage is bound under this pilot 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