



Please complete and send to your Broker

www.avroinsurance.com

Non-Owned Aircraft/UAS 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: Website:

TYPE OF BUSINESS

Business of Insured:
 Years in business:
 Number of employees:
 Number of offices in Canada:
 Number of offices in USA
 Number off offices in rest of the world and locations:

COVERAGE INFORMATION

Purpose :
 Types of Aircraft/Helicopter/UAS (Drone) used:
 Seating capacity:
 Operator and Primary Limits:

Are you added as Additional Insured to the operators policy?

If yes , please provide copies of Certificates

How many hours do you expect to fly?

| Fixed Wing | | Rotary Wing | |
|--------------------------|----------------|----------------|----------------|
| Last 12 Months | Next 12 Months | Last 12 Months | Next 12 Months |
| <i>In Canada</i> | | | |
| <i>In the USA</i> | | | |
| <i>Rest of the World</i> | | | |

If Rest of the World , please state locations:

PILOT DETAILS

Do you have any pilots on staff employed as a corporate pilot?

If yes, how many?

Do you have any employees that fly their own aircraft on company business?

If yes, please provide aircraft details:

Do you have any staff pilots or employees that rent aircraft for company business?

If yes, please provide details:

| Name | Age | Total Time | Total Single Engine | Total Multi Engine | Total Floats | Total Rotary Wing | Claims | Type of Licence | |
|------|-----|------------|---------------------|--------------------|--------------|-------------------|--------|-----------------|------------|
| | | | | | | | | Private | Commercial |
| | | | | | | | | | |

Hours flown annually on company business:

LIABILITY LIMIT (please check amount required)

| | | | | |
|-------------|-------------|-------------|----------------------|----|
| \$1,000,000 | \$2,000,000 | \$5,000,000 | Other (please state) | \$ |
|-------------|-------------|-------------|----------------------|----|

ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)

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

Broker's Name

Contact

Email

Phone