



Please complete and send to your Broker

www.avroinsurance.com

General Liability 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(S)

Owner:	Website:
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TYPE OF BUSINESS (please complete all applicable)

Years in business			
Number of aviation employees		Full time:	Part time:
Aircraft maintenance		Aircraft cleaning	
Aircraft engine overhaul		Fuel supplier	
Aircraft propeller overhaul		Ramp service	
Aircraft sales		Independent contractor	
Commercial air service		Manufacturer	
Flying school		Other (please describe)	

PREMISES COVERAGE

Aviation premises to be covered:			On airport: Yes / No	Off airport: Yes / No
Location(s)	Age	Size	Construction	Sprinklers Y/N
				Heating

Describe fire protection facilities at location(s):

Are you the sole occupant of your hangar or premises?: Yes / No

List other occupants per location

Do you expect to do any construction work on your property in the next 12 months? If so please provide details including description or work, value of work, duration of construction:

Please provide plan and proximity to aircraft

Do you have any written agreement holding other parties harmless: Yes / No

Please provide details:

HANGARKEEPERS COVERAGE

Aircraft owned by others in your care, custody or control

	Average		Maximum	
	Hangared	Tied Down	Hangared	Tied Down
Value any one aircraft	\$	\$	\$	\$
Value of all aircraft	\$	\$	\$	\$
Number of aircraft				

Are you responsible for moving other people's aircraft?: Yes / No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care, custody and control?

If yes, please attach a copy of the standard agreement

Do you test fly customers' aircraft?: Yes / No

If yes, Maximum Value: \$ Aircraft Make and Model:

RAMP SERVICES

If you provide services to third party companies

Type of Operation	Yes	No	Last 12 months Revenue	Estimated Revenue for the next 12 months
Loading or unloading of baggage			\$	\$
Loading or unloading of cargo			\$	\$
Marshalling			\$	\$
De-icing			\$	\$
Towing			\$	\$
Power Starts			\$	\$
Fuelling AV Gas			\$	\$
<i>Litres pumped</i>			#	#
Fuelling Jet Fuel			\$	\$
<i>Litres pumped</i>			#	#
Grooming			\$	\$
Other, describe			\$	\$

For the above identified services please state aircraft types serviced and frequency per week

Piston/Turbo Prop		Jet Aircraft	
Aircraft Types	Frequency	Aircraft Types	Frequency

List of your principal Customers

1)

2)

3)

How long have you provided this service? Years #

Do you have an agreement with your major customers where they have agreed to hold you harmless?: Yes / No

If yes, please provide a copy of the agreement

PRODUCTS COVERAGE

Breakdown of your annual gross receipts

OPERATOR INFORMATION**Type of Work**

	Gross Receipts last 12 months		Estimated Revenue for the next 12 months	
	FW	RW	FW	RW
Labour from routine maintenance	\$	\$	\$	\$
Labour from airframe repair/overhaul	\$	\$	\$	\$
Labour from engine repair/overhaul	\$	\$	\$	\$
Labour from propeller repair/overhaul	\$	\$	\$	\$
Labour from avionics repair/overhaul	\$	\$	\$	\$
All parts installed	\$	\$	\$	\$
Avionics sales not installed	\$	\$	\$	\$
New aircraft parts installed	\$	\$	\$	\$
Sale of new aircraft	\$	\$	\$	\$
Sale of used aircraft	\$	\$	\$	\$
Aircraft painting	\$	\$	\$	\$
Fuel (if receipts exceed \$75,000 complete Ramp Service questions)	\$	\$	\$	\$
Other, please describe:	\$	\$	\$	\$

Aircraft Types Generally Worked Upon

	Yes	No	Percentage of Gross Receipts
Single engine piston			
Twin engine piston			
Turbine			
Jets			
Helicopters			

Engineers' Details

Name	Type of Licence	Total Years Experience	Years employed by Applicant	Any Claims

COVERAGES REQUIRED

		Limit	Alternate Limits	
1) Premises	each occ.	\$	\$	\$
1a) Tenants Legal Liability	each occ.	\$	\$	\$
1b) Tools and Equipment	each location	\$	\$	\$
	each occ.	\$	\$	\$
2) Hangarkeepers	each aircraft	\$	\$	\$
	each occ.	\$	\$	\$
3) Products	each occ./agg.	\$	\$	\$
4) Fuelling*	each occ./agg.	\$	\$	\$
5) Contractors**	each occ./agg.	\$	\$	\$

*4) Fuelling - Combines 1,2 & 3 above, but not 1b

**5) Contractors - Combines 1, 2 & 3 above, but not 1b

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

Broker's Name

Contact

Email

Phone