



# AIR 1 INSURANCE SERVICES LTD.

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 www.air1insurance.com

## AGRICULTURAL AVIATION APPLICATION FORM

|                     |                     |
|---------------------|---------------------|
| COMPANY NAME: _____ | BUSINESS TEL: _____ |
| ADDRESS: _____      | BUSINESS FAX: _____ |
| _____               | WEBSITE: _____      |
| _____               | EMAIL: _____        |

### CURRENT INSURANCE COVERAGE:

|  |                           |
|--|---------------------------|
| WHAT IS THE PURPOSE OF THIS APPLICATION: <input type="checkbox"/> NEW POLICY <input type="checkbox"/> POLICY RENEWAL | CURRENT INSURER: _____    |
|  | POLICY EXPIRY DATE: _____ |
| HOW DID YOU HEAR ABOUT AIR1 INSURANCE?   |                           |
| IF REFERRED BY A FRIEND / ASSOCIATE, WHO REFERRED YOU?   |                           |

### PRINCIPALS / KEY PEOPLE WITH IN YOUR ORGANIZATION:

|                         |                        |                 |  |
|-------------------------|------------------------|-----------------|--|
| OWNER (S): _____        | EMPLOYEED SINCE: _____ | MOBILE #: _____ |  |
| PRESIDENT: _____        | EMPLOYEED SINCE: _____ | MOBILE #: _____ |  |
| CHIEF PILOT: _____      | EMPLOYEED SINCE: _____ | MOBILE #: _____ |  |
| OPS. MANAGER: _____     | EMPLOYEED SINCE: _____ | MOBILE #: _____ |  |
| CHIEF ENGINEER: _____   | EMPLOYEED SINCE: _____ | MOBILE #: _____ |  |
| AMO: _____              | EMPLOYEED SINCE: _____ | MOBILE #: _____ |  |
| OTHER KEY PERSON: _____ | EMPLOYEED SINCE: _____ | MOBILE #: _____ |  |

### YOUR LOCATIONS:

| BASES      | ADDRESS | AIRSIDE | AIRPORT CODE | DESCRIPTION | DESCRIBE OPERATIONS |
|------------|---------|---------|--------------|-------------|---------------------|
| MAIN BASE: |         |         |              |             |                     |
| SUB BASE:  |         |         |              |             |                     |
| SUB BASE:  |         |         |              |             |                     |
| OTHER:     |         |         |              |             |                     |

### OPERATIONS

On the following page is a chart that is to be completed in full outlining the details of your operation. To assist us in an accurate risk management assessment please ensure that this is completed as accurately as possible. In addition...

|   |  |              |
|---|--|--------------|
| How long have you been in operation?  | _____ YEARS  | _____ MONTHS |
| Do you advertise your operation in the United States?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |              |
| Describe any operations you have involving flights into the United States below.                        |  |              |
|   |  |              |
| Please advise of any material points regarding your operations that are not described on the next page: |  |              |
|   |  |              |

### Specific Work

|                         |                          |  |                          |                          |  |
|-------------------------|--------------------------|--|--------------------------|--------------------------|--|
| Spraying – Agricultural |                          |  |                          |                          |  |
| Survey                  | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Mining – Oil/Gas        | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Power/Pipeline Patrol   | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |

|                       |                          |  |                          |                          |  |
|-----------------------|--------------------------|--|--------------------------|--------------------------|--|
| Rental                | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Training – Ab Initio  | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - Advanced            | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - Recurrent Employees | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - Recurrent Outsiders | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Forestry :            |                          |  |                          |                          |  |
| - Patrol              | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - Logging             | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - Shakes              | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - Personnel Support   | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Slung Cargo           | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Total:                | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  |

NOTES / COMMENTS:

**CURRENT PILOT ROSTER:**

Times shown may not be exact but best available estimate according to your records at this time.  
Describe ALL accidents and violations on a separate sheet.

**FIXED WING EXPERIENCE (Group pilots by aircraft flown)**

| NAME | AGE | TOTAL TIME | TOTAL TURBINE | TOTAL AG TIME | TIME ON TYPE | AIRCRAFT TO BE FLOWN | TOTAL LAST 12 MONTHS | ACCIDENTS |
|------|-----|------------|---------------|---------------|--------------|----------------------|----------------------|-----------|
|      |     |            |               |               |              |                      |                      |           |
|      |     |            |               |               |              |                      |                      |           |
|      |     |            |               |               |              |                      |                      |           |
|      |     |            |               |               |              |                      |                      |           |
|      |     |            |               |               |              |                      |                      |           |
|      |     |            |               |               |              |                      |                      |           |
|      |     |            |               |               |              |                      |                      |           |
|      |     |            |               |               |              |                      |                      |           |

**SCHEDULE OF AIRCRAFT**

| #  | Make & Model | Reg. # | HULL COVERAGE REQUIRED   |                          |                          | Agreed Value | Config. | Pax. Seats | Third Party Liability | Utilization Expected next 12 months |       |
|----|--------------|--------|--------------------------|--------------------------|--------------------------|--------------|---------|------------|-----------------------|-------------------------------------|-------|
|    |              |        | NONE                     | ARFG                     | ARG                      |              |         |            |                       | Days                                | Hours |
| 1. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 2. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 3. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 4. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 5. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 6. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 7. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 8. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |
| 9. |              |        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |         |            |                       |                                     |       |

HULL COVERAGE LEGEND: NONE = HULL COVERAGE DECLINED - ARFG = All Risk Flight & Ground - ARG = All Risk Ground Only

SPARES: (Parts & Equipment, Tools, Ground handling, etc.):

(a) Total value of all spares for coverage:

\$ \_\_\_\_\_

(b) Maximum any one location:

\$ \_\_\_\_\_

(c) Do you have your spares computerized?

YES  NO

**GENERAL LIABILITY & PROPERTY INFORMATION**

**PREMISES LIABILITY:**

A. Please provide details regarding your main & sub bases below:

|           | AGE | SIZE | CONSTRUCTION | HEATING | SPRINKLERED | ALARMED | OWNED / LEASED |
|-----------|-----|------|--------------|---------|-------------|---------|----------------|
| MAIN BASE |     |      |              |         |             |         |                |
| SUB BASE  |     |      |              |         |             |         |                |
| SUB BASE  |     |      |              |         |             |         |                |

B. Are you the sole occupant of the buildings?  YES  NO

C. If not, who else shares it with you,?

D. Limit of premises liability required?

E. Do you require a quotation for building coverage on the above?  YES  NO

**HANGARKEEPERS LIABILITY**

a. Do you regularly store or have in your care, aircraft owned by others?  YES  NO

| b. If yes to (a)...        | AVERAGE | MAXIMUM |
|----------------------------|---------|---------|
| Value of any one aircraft: |         |         |
| Value of all aircraft:     |         |         |

c. Do you perform any test flights for customer aircraft?  YES  NO

If yes... What is the maximum value of aircraft?

What type of aircraft expected?

d. Do you obtain a waiver from the owner(s)?  YES  NO If yes... attach a sample copy of the waiver

e. Limited Required: Any one aircraft: Any one occurrence:

**PRODUCTS LIABILITY**

Indicate your gross receipts from others for the last 12 months and any of the following expected in the next twelve (12) months:

|                            | LAST 12 MONTHS | NEXT 12 MONTHS |
|----------------------------|----------------|----------------|
| a. Fuel and Oil Sales      |                |                |
| Aircraft Parts - Installed |                |                |
| Aircraft Parts - Sold      |                |                |
| New Aircraft               |                |                |
| Used Aircraft              |                |                |
| Labour Running Maintenance |                |                |
| Labour Repair & Overhaul   |                |                |
| b. Limits Required:        |                |                |

**COVERAGE CHECKLIST**

|  | AS PER POLICY WORDINGS   | MINIMUM REQUIRED | ALTERNATE LIMIT | DECLINED                 |
|--|--------------------------|------------------|-----------------|--------------------------|
| SPARES   | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| BODILY INJURY (INCLUDING PASSENGERS) AND PROPERTY DAMAGE LIABILITY | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| PROPERTY DAMAGE LIABILITY (EXCLUDING PASSENGERS)                   | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| CONTINGENT LIABILITY   | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| NON-OWNED AIRCRAFT LIABILITY                                       | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| PERSONAL INJURY LIABILITY  | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| CONTINGENT LIABILITY LIMITS  | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| SEARCH & RESCUE EXPENSES   | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |
| FIRE FIGHTING EXPENSES   | <input type="checkbox"/> |                  |                 | <input type="checkbox"/> |

|   |                          |  |  |                          |
|---|--------------------------|--|--|--------------------------|
| PREMISES, PROPERTY & OPERATIONS LIABILITY | <input type="checkbox"/> |  |  | <input type="checkbox"/> |
| TENANTS LEGAL LIABILITY                   | <input type="checkbox"/> |  |  | <input type="checkbox"/> |
| HANGARKEEPERS LIABILITY                   | <input type="checkbox"/> |  |  | <input type="checkbox"/> |
| HANGARKEEPERS IN FLIGHT                   | <input type="checkbox"/> |  |  | <input type="checkbox"/> |
| PRODUCTS / COMPLETED OPERATIONS LIABILITY | <input type="checkbox"/> |  |  | <input type="checkbox"/> |
| OTHER:                                    | <input type="checkbox"/> |  |  | <input type="checkbox"/> |

**ADDITIONAL INSUREDS**

ARE THERE ANY ADDITIONAL INSUREDS THAT ARE REQUIRED TO BE INCLUDED ON ANY PROPOSED INSURANCE POLICY?

| NAME | ADDRESS | SPECIAL COVERAGE REQUIREMENTS OR CONDITIONS |
|------|---------|---|
|      |         |   |

**QUESTIONNAIRE**

|    |   |  |   |
|----|---|--|---|
| 1. | Has any pilot in your employ had any claims in the past 5 years?                                  | <input type="checkbox"/> YES               | <input type="checkbox"/> NO               |
| 2. | Has any such claim been made that is still unsettled?   | <input type="checkbox"/> YES               | <input type="checkbox"/> NO               |
| 3. | Are you a member of any Aerial Applicators Associations?  | <input type="checkbox"/> YES               | <input type="checkbox"/> NO               |
| 4. | What percentage of total application hours during the policy period involve: The rest is Forestry | Herbicides _____ %<br>Insecticides _____ % | Fungicides _____ %<br>Fertilizers _____ % |

NO

**LOSS HISTORY: GIVE A BRIEF DESCRIPTION OF ANY ACCIDENTS THAT YOU, YOUR OPERATIONS, OR YOUR PILOTS HAVE HAD IN THE LAST 5 YEARS...**

|      |
|------|
| None |
|------|

**COVERAGE CHECK LIST: Please note any additional coverage you may require.**

| Please note any additional coverages you may require. | REQUIRED | MINIMUM REQUIRED | ALTERNATE LIMIT | DECLINED |
|---|----------|------------------|-----------------|----------|
| SPARES:   |          |                  |                 |          |
| PREMISES LIABILITY:                                   |          |                  |                 |          |
| CHEMICAL DRIFT:                                       |          |                  |                 |          |
| MISSAPPLICATION                                       |          |                  |                 |          |
| OTHER:  |          |                  |                 |          |

**ADDITIONAL INSUREDS**

| NAME | ADDRESS | SPECIAL COVERAGE REQUIREMENTS OR CONDITIONS |
|------|---------|---|
|      |         |   |

**TERMS & CONDITIONS:**

By submitting your application, you acknowledge that you have read all information contained within this application and that if a policy is issued you agree to be bound by them. The applicant hereby warrants and represent that all statements and answers to questions made above and attachments hereto are true and that the applicant has not omitted or misrepresented the information. COVERAGE, IF OFFERED, MAY BE RENDERED VOID IF THERE ARE ANY MISREPRESENTATIONS.

The applicant understands and agrees that the completion of this application does not bind Air1 Insurance Services Ltd. to the issuance of an insurance policy, or to so with imposing conditions, limitations and exclusions. This application and all attachments to it will become part of and are the legally binding basis of any policy issued.

Your Coverage will only be in effect after you have received a written quotation from Air1 Insurance Services Ltd. once you have reviewed the offer of insurance and wish to proceed with coverage you must sign and return the quote acceptance form to our office at the number below. Once the acceptance form is received a Certificate of Insurance will be issued confirming coverage is in place. NO COVERAGE SHALL BE DEEMED TO BE INFORCE UNTIL YOU HAVE RECEIVED WRITTEN CONFIRMATION FROM OUR OFFICE.

I / We declare that the statements and declarations given are true and that no information has been withheld that might influence the acceptance of this proposed insurance. I/We agree that the statements and declarations given above and signed by me shall be the basis of my contract between me and the insurance company. This application does not commit Air1 Insurance Services Ltd. to any liability nor make the applicant liable for any premium unless the insurance company agrees in writing that coverage has been bound.

Name of broker: Air1 Insurance Services Ltd. Telephone: 1-888-917-1177

Signature of Applicant: X Date Signed: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Best Time To Call: \_\_\_\_\_  AM  PM