



107 - 8047 199 Street
Langley BC V2Y 0E2

AVIATION INSURANCE APPLICATION

New Purchase Policy Renewal Mid-Term Change

www.air1insurance.com

Telephone: 1-888.917.1177 Fax: 1-866.372.2755

CURRENT INSURER:

DATE COVERAGE
REQUIRED:

APPLICANTS INFORMATION

NAMED INSURED: (Registered Owner) _____ HOME PHONE: _____
 COMPANY NAME: _____ WORK PHONE: _____
 CONTACT PERSON: _____ CELL PHONE: _____
 ADDRESS: _____ FAX NUMBER: _____
 CITY/PROVINCE: _____ POSTAL CODE: _____ EMAIL: _____
 HOW DID YOU HEAR ABOUT AIR1? _____ OCCUPATION: _____
 DO YOU CURRENTLY HAVE INSURANCE IN PLACE WITH ANOTHER BROKER AND ARE LOOKING FOR AN ALTERNATIVE QUOTE: YES NO

Would you like to receive information about any of these insurance products? Hangar Business Home Marine

DO YOU OWN ANY OTHER AIRCRAFT? YES NO EXPIRY DATES: _____

AIRCRAFT INFORMATION (If more than one aircraft please complete this section for each aircraft to be insured)

TYPE OF AIRCRAFT	AIRCRAFT USE
YEAR: _____	AIRCRAFT USE: _____ Private, Business & Pleasure
MAKE: _____	ANY CHANGE IN USE? <input type="checkbox"/> YES <input type="checkbox"/> NO
MODEL: _____	USED FOR TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO
REGISTRATION: _____	IF YES, BY WHOM: _____

HULL COVERAGE (PLEASE COMPLETE FOR ALL CONFIGURATIONS)

WHEELS FIXED GEAR \$ _____

WHEELS TAILWHEEL \$ _____

WHEELS RETRACT \$ _____

FLOATS \$ _____

SKIS \$ _____

AMPHIBIAN \$ _____

HELICOPTER \$ _____

NUMBER OF PASSENGER SEATS: _____ EXCLUDING PILOT

HORSE POWER AND ENGINE MAKE: _____

AIRCRAFT MAINTENANCE

ENGINE HOURS SINCE NEW: _____

ENGINE HOURS SINCE LAST MAJOR OVERHAUL: _____

DATE OF LAST AIRCRAFT ANNUAL: _____

EQUIPMENT ADDED IN THE LAST 12 MONTHS? YES NO

IF YES, LIST: _____

COVERAGE REQUESTED

HULL COVERAGE REQUESTED: NONE ALL RISK FLIGHT & GROUND ALL RISK GROUND ONLY LIABILITY ONLY

INCLUDE PREMISES LIABILITY COVERAGE: YES NO

THIRD PARTY LIABILITY: 1,000,000 2,000,000 OTHER: _____

PASSENGER LIABILITY: 100,000 300,000 COMBINED (SEE BELOW)

OPTIONAL COMBINED LIABILITY (RECOMMENDED): 1,000,000 2,000,000 OTHER: _____

**Combined liability combines third party and passenger liability into one limit.*

ADDITIONAL INSURED

ADD. INSURED'S NAME: _____

ADD. INSURED'S ADDRESS: _____

NATURE OF ADD. INSURED: _____

AIRCRAFT LIENHOLDER

LIENHOLDER NAME: _____

LIENHOLDER ADDRESS: _____

LIEN AMOUNT: \$ _____

DOES YOUR AIRCRAFT HAVE SYNTHETIC VISION? YES NO

WILL THE AIRCRAFT BE FLYING INTO ANY OF THE FOLLOWING AREAS: (OUTSIDE OF CANADA) CONTINENTAL UNITED STATES OF AMERICA THE FRENCH ISLANDS OF ST. PIERRE AND MIQUELON THE REPUBLIC OF MEXICO THE BAHAMAS ISLANDS THE CARIBBEAN ALASKA OTHER: _____

WHAT IS THE LONGEST DURATION OF ANY OF THE TRIPS YOU WILL BE TAKING (OUTSIDE OF CANADA) WITHIN THE 12 MONTH PERIOD: MONTHS: _____ DAYS (IF LESS THAN A MONTH): _____

ROUGHLY HOW MANY TIMES WILL THE AIRCRAFT BE LEAVING CANADA IN A 12 MONTH PERIOD: _____

DO YOU PARTICIPATE IN AIRSHOWS? YES NO IF YES, HOW MANY AIRSHOWS IN ONE YEAR: _____

DO YOU USE THE AIRCRAFT FOR AEROBATICS? YES NO IF YES, HOW OFTEN: _____

DO YOU PLAN ON LANDING AT OFF AIRPORT LOCATIONS? YES NO IF YES, HOW OFTEN: _____

AIRPORT INFORMATION

AIRPORT NAME: _____ AIRCRAFT STORAGE: HANGARED TIED MOORED

IF HANGARED, DO YOU OWN IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS THE HANGAR OWNED BY THE SAME LEGAL ENTITY AS YOUR AIRCRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, PLEASE IDENTIFY LEGAL ENTITY OF HANGAR? _____	
IS YOUR HANGAR OWNED BY MULTIPLE OWNERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU REQUIRE A GROUP POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF AERODROME? <input type="checkbox"/> CERTIFIED <input type="checkbox"/> PRIVATE	RUNWAY SURFACE: _____ RUNWAY LENGTH: _____ FT
DO YOU OWN THE AIRSTRIP? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PILOT INFORMATION:

	PILOT 1	PILOT 2	PILOT 3	PILOT 4	PILOT 5	
NAME:						
OCCUPATION:						
DATE OF BIRTH:						
LICENSE/RATINGS:	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT
ACCIDENTS, CLAIMS, LICENSE LIMITATIONS OR VIOLATIONS SURRENDER OR REVOCATION, OR TRANSPORT CANADA CITATIONS IN THE LAST 5 YEARS? IF YES, PROVIDE DETAILS:						
RECURRENT TRAINING IN THE LAST 12 MONTHS, PROVIDE DETAILS:						
MEMBERSHIP NUMBERS:						
EAA:						
COPA:						
CENTURY FLIGHT CLUB:						
OTHER:						
PILOT HOURS: All Hours include pilot in command and dual time and only specific to the make and model being flown						
TOTAL ALL AIRCRAFT:						
TOTAL MAKE & MODEL:						
TOTAL FLOATS:						
TOTAL AMPHIBIAN:						
TOTAL RETRACT:						
TOTAL TAILWHEEL:						
TOTAL MULTI:						
TOTAL TURBINE:						
TOTAL ROTOR:						
TOTAL LAST 90 DAYS:						
TOTAL LAST 12 MONTHS ALL AIRCRAFT:						
TOTAL LAST 12 MONTHS MAKE & MODEL:						
NOTES AND COMMENTS:						

BY COMPLETING THIS FORM, YOU AGREE WITH THE FOLLOWING TERMS:

THE STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE AND, TOGETHER WITH ANY OTHER INFORMATION PROVIDED BY ME IN CONNECTION WITH THIS APPLICATION, FORM THE BASIS FOR ANY CERTIFICATE ISSUED HEREUNDER. I AGREE THAT ANY MATERIAL MISREPRESENTATION SHALL RENDER THE INSURANCE VOIDABLE. I HEREBY EXPRESSLY CONSENT TO AIR1 INSURANCE SERVICES LTD. COLLECTING, USING OR DISCLOSING PERSONAL INFORMATION, OR PROVIDING SUCH PERSONAL INFORMATION TO THIRD PARTIES AS REQUIRED. NO COVERAGE IS BOUND UNDER THIS APPLICATION FORM UNTIL SUCH TIME AS COVERAGE IS CONFIRMED BY AIR1 INSURANCE IN WRITING.

DATE SIGNED: _____

SIGNATURE OF APPLICANT: _____