



# COMMERCIAL AVIATION APPLICATION FORM

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### Current Insurance Coverage

What is the purpose of this application:  New policy  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

	Employed since	Employed since
Owner(s): _____	_____	_____
Owner(s) date of birth: _____	_____	_____
President: _____	_____	_____
Chief Pilot: _____	_____	_____
Ops. Manager: _____	_____	_____
Chief engineer: _____	_____	_____
AMO: _____	_____	_____
Other key person: _____	_____	_____

### 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?  Y  N

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: _____ _____ _____	<b>Comments</b> _____ _____ _____
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**Checklist (Put an “☑” and “%” in the appropriate spot)**

	Regular	%	Rare if ever	Not anticipated	Comments
Schedule Work: Please provide details of all routes and frequency of flights. Attach Schedules.	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Charter Work:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flying Club:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flying School:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>Total (the above categories must equal 100%):</b>		<input type="text"/>			<input type="text"/>

**Charter Work (breakdown this work by cargo and people listed below as a percentage to the total charter work you do)**

Cargo	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
People (state overall activity and then breakdown this by a) and b) categories below)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
a) Transportation of people in course of their work	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) Sightseeing/Tourism (including guests to lodges)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i) Canadian Residents	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ii) US or Foreign Residents	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other:	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>Total:</b>		<input type="text"/>			<input type="text"/>

**Specific Work**

Survey	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mining – Oil/Gas	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Power/Pipeline Patrol	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Air Ambulance	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Traffic Patrol	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Executive Charter	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spraying – Agricultural	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Rental	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Training – Ab Initio	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
- Advanced	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
- Recurrent Employees	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
- Recurrent Outsiders	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Forestry : - Patrol	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
- Logging	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
- Shakes	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
- Fire Bucket	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
- Personnel Support	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Slung Cargo	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Heli Skiing	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<b>Total:</b>		<input type="text"/>			<input type="text"/>

**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 FLOATS	TOTAL MULTI	TIME ON TYPE	AIRCRAFT TO BE FLOWN	TOTAL LAST 12 MONTHS	ACCIDENTS	TRAINING			FREQUENCY		
									SIM BASED	OUTSIDE	IN HOUSE	INITIAL	6 MONTHS	12 MO. RECURRENT
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Rotary Wing Experience (Group pilots by aircraft flown)**

NAME	AGE	TOTAL TIME	TOTAL FLOATS	TOTAL MULTI	TIME ON TYPE	AIRCRAFT TO BE FLOWN	TOTAL LAST 12 MONTHS	ACCIDENTS	TRAINING			FREQUENCY		
									SIM BASED	OUTSIDE	IN HOUSE	INITIAL	6 MONTHS	12 MO. RECURRENT
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your hiring practices with respect to pilots in command and co-pilots.

**Miscellaneous**

1. Proposed expansion or changes of note:

2. Other pertinent or information of interest:

3. Non-Owned Aircraft Liability:

(a) Annual Hours (if any) you use aircraft not owned and not insured by you:

(b) Maximum number of seats in the aircraft:

(c) Name of Operator:

## Schedule of Aircraft

#	Make and Model	Reg. #	HULL COVERAGE REQUIRED			Agreed Value	Config.	Pax. Seats	Third Party Liability	Utilization Expected next 12 months	
			NONE	ARFG	ARG					NONE	ARFG
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"/>						
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
29			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

**HULL COVERAGE LEGEND:** NONE = HULL COVERAGE DECLINED  
 ARFG = All Risk Flight and Ground  
 ARG = All Risk Ground Only

**SPARES: (Parts and 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

## Loss and Violation History

Give a brief description of any accidents that you, your operation, or any of your pilots have had in the past 5 years, including date of loss, brief details involving accident, amount of loss:

Give a brief description of any violations that you, your operation, or any of your pilots have had in the past 5 years:

## General Liability and Property Information

### Premises Liability

A. Please provide details regarding your main and 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 and Overhaul

b. Limits Required:





## Terms and 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 Air 1 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.

We are committed to providing our clients with excellent service. Doing business with an insurance broker involves providing information about yourself, so protection of your personal information is one of our highest priorities. Our brokerage—and the insurance industry—have a solid track record of respecting your right to privacy and safeguarding your personal information. As a result of federal and provincial legislation, we've further strengthened our privacy commitment by informing you of why and how we collect, use, and disclose your personal information. You can be assured that we'll only handle your personal information in a manner that a reasonable person would consider appropriate in the circumstances.

Your Coverage will only be in effect after you have received a written quotation from Air 1 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 IN FORCE 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 Air 1 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:		Telephone:
Signature of Applicant:		Date Signed:
Phone Number:	Mobile:	Best Time To Call: <input type="checkbox"/> AM <input type="checkbox"/> PM

## Any Additional Information

### PLEASE ENSURE YOU HAVE:

1. COMPLETED ALL SECTIONS IN FULL
2. SIGN AND DATE THE APPLICATION FORM

### RETURN COMPLETED APPLICATION FORMS (INCLUDING SUPPLEMENTAL FORM) TO AIR1 INSURANCE:

BY CANADA POST: AIR 1 INSURANCE SERVICES LTD.  
107 - 8047 199 Street  
Langley BC V2Y 0E2

BY EMAIL: [dave@air1insurance.com](mailto:dave@air1insurance.com)