



BUSINESS / INDUSTRIAL AID 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: _____ _____ _____ | Comments _____ _____ _____ |
|---|--|--|

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"/> |
| Business Use: | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Personal Use: | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Training Flights: | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Total (the above categories must equal 100%): | | <input type="text"/> | | | <input type="text"/> |
| | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
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Notes / Comments

| |
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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"/> |
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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"/> |
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| | | | | | | | | | <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"/> |
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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"/> |
| | | | | | | | | | <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"/> | | | | | | |
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| 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 | | | | | | | |
| 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:

Coverage Checklist

| | AS PER POLICY WORDINGS | MINIMUM REQUIRED | ALTERNATE LIMIT | DECLINED |
|--|--------------------------|------------------|-----------------|--------------------------|
| Spares | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Employee tools | <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"/> |
| Baggage liability | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Cargo liability | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Search and rescue expenses | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Fire fighting expenses | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Premises, property and operations liability | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Tenants legal liability | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Hangarkeepers inflight 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"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | <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 |
|------|---------|---|
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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