



# **AIR 1 INSURANCE**

**EXPERIENCE - COMMITMENT - RELIABILITY**



## AGRICULTURAL INSURANCE APPLICATION

PLEASE COMPLETE THE ATTACHED FORM  
AND RETURN IT EITHER BY EMAIL OR FAX.

PHONE: 1.877.789.AIR1 (2471)

FAX: 1.866.372.2755

INFO@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?	Donna		
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"/>	
<b>Forestry :</b>					
- 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"/>	
<b>NOTES / COMMENTS:</b>					

**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 _____ % Insecticides _____ %	Fungicides _____ % 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
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**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