



HANGAR INSURANCE APPLICATION

NEW BUSINESS POLICY RENEWAL

APPLICANT	NAME OF APPLICANT: _____	HOME PHONE: _____
	MAILING ADDRESS: _____	OFFICE PHONE: _____
	_____	MOBILE PHONE: _____
	FULL LEGAL NAME OF OWNER: _____	EMAIL: _____
	APPLICANTS OCCUPATION: _____	WEBSITE: _____

PROPERTY DETAILS		LOCATION / BUILDING # 1	LOCATION / BUILDING # 2
	BUILDING ADDRESS:		
	YEAR BUILT:		
	AREA IN SQUARE FEET:		
	TYPE OF CONSTRUCTION – BUILDING:		
	HANGAR TYPE:		
	AGE / TYPE OF CONSTRUCTION – ROOF :		
	ALARM SYSTEM:	<input type="checkbox"/> MONITORED <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE	<input type="checkbox"/> MONITORED <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE
	BUILDING REPLACEMENT COST:	\$ _____	\$ _____
	OCCUPANCY: (USE OF HANGAR)		
PLEASE GIVE DETAILS ON THE FOLLOWING:			
PLUMBING TYPE:			
HEATING TYPE:			
ELECTRICAL:			
YEAR OF UPDATES:			
IS THE HANGAR A STAND ALONE HANGAR OR PART OF MULTI HANGAR BUILDING. <input type="checkbox"/> STAND ALONE BUILDING <input type="checkbox"/> MULTI HANGAR BUILDING			
DO YOU RENT OUT SPACE IN YOUR HANGAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HOW MUCH ANNUAL RENTAL INCOME DO YOU MAKE?	
DISTANCE TO FIRE HALL:		DISTANCE TO FIRE HYDRANT:	
PLEASE ATTACH A PICTURE OF THE PROPERTY WHEN YOU SUBMIT THE APPLICATION.			

COVERAGE DETAILS	PLEASE STATE COVERAGE AMOUNT REQUIRED:	LOCATION / BUILDING # 1	LOCATION / BUILDING # 2
	BUILDING:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	OFFICE EQUIPMENT:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	TOOLS:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	EQUIPMENT:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	MOBILE EQUIPMENT:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	EARTHQUAKE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	FLOOD:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	EXTRA EXPENSE COVERAGE:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	PRODUCTS LIABILITY:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	AVIATION GENERAL LIABILITY:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	PREMISES LIABILITY:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
	HANGARKEEPERS LIABILITY:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED
ENVIRONMENTAL LIABILITY:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED	
TENANTS LEGAL LIABILITY:	\$ _____ <input type="checkbox"/> NOT REQUIRED	\$ _____ <input type="checkbox"/> NOT REQUIRED	

Vancouver

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Toronto

LOSS PAYEE	NAME: _____	ADDRESS: _____

AIRPORT	NAME OF AIRPORT: _____		AIRPORT IDENTIFIER CODE: _____	
	FENCED PERIMETER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF SECURED ACCESS:	None
	CONTROL TOWER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE DEPARTMENT ON SITE:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	IF YES, HOURS OF OPERATION:	_____	TYPE OF FIRE DEPARTMENT:	_____
	REPAIR / SERVICE WORK IN HANGAR:	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DISTANCE TO HANGAR:	_____
PAINTING IN HANGAR:		<input type="checkbox"/> YES <input type="checkbox"/> NO		

INSURANCE HISTORY	DO YOU CURRENTLY HAVE INSURANCE ON THESE HANGARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	IF YES, WHAT IS YOUR RENEWAL DATE: _____			
	CURRENT INSURANCE COMPANY: _____		ANNUAL PREMIUM: \$ _____	
	ANY CLAIMS IN THE LAST 5 YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY: _____	AMOUNT OF CLAIMS: \$ _____
	IF YES, PROVIDE DETAILS: _____ _____ _____			

NOTES	_____

DECLARATION	I/WE DECLARE THAT THE STATEMENTS AND DECLARATIONS GIVEN ABOVE ARE TRUE; NOR THAT ANY INFORMATION HAS BEEN WITHHELD; OR EXCLUDED THAT MIGHT INFLUENCE ACCEPTANCE OF THIS PROPOSED INSURANCE. I/WE ALSO AGREE THAT THE STATEMENTS AND DECLARATIONS GIVEN ABOVE, SIGNED BY ME/US, SHALL BE THE BASIS OF MY/OUR CONTRACT WITH AIR 1 INSURANCE SERVICES LTD., AND THE UNDERWRITING INSURANCE COMPANY.	
	APPLICANT'S SIGNATURE: _____	DATE: _____