

# AIR 1 INSURANCE SERVICES LTD.

107 - 8047 199 Street Langley BC V2Y 0E2 Telephone: 604-460-8787 or 1-888.917.1177

Fax: 604-460-8788 or 1-866.372.2755 www.air1insurance.com **COMMERCIAL AVIATION APPLICATION FORM COMPANY NAME: BUSINESS TEL: BUSINESS FAX:** ADDRESS: WEBSITE: EMAIL: **CURRENT INSURANCE COVERAGE: CURRENT INSURER:** ☐ NEW POLICY ☐ POLICY RENEWAL WHAT IS THE PURPOSE OF THIS APPLICATION: 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: OWNER (S): EMPLOYED SINCE: MOBILE #: OWNER (S) DATE OF BIRTH: PRESIDENT: **EMPLOYED SINCE:** MOBILE #: **CHIEF PILOT: EMPLOYED SINCE:** MOBILE #: OPS. MANAGER: **EMPLOYED SINCE:** MOBILE #: **EMPLOYED SINCE: CHIEF ENGINEER:** MOBILE #: AMO: **EMPLOYED SINCE:** MOBILE #: OTHER KEY PERSON: **EMPLOYED SINCE:** MOBILE #: **YOUR LOCATIONS: BASES ADDRESS** AIRSIDE AIRPORT CODE DESCRIPTION **DESCRIBE OPERATIONS** MAIN BASE: SUB BASE: SUR 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... **YEARS** How long have you been in operation? MONTHS U VES U NO Do you advertise your operation in the United States? 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:

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Ī	Comments:
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CHECKLIST (Put an "X" 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.					
Charter Work:					
Flying Club:					
Flying School:					
Total (the above categories must equal 100%):					
Charter Work (breakdown this work by cargo and people listed below as a pe	rcentage to the t	otal charte	r work you do)		
Cargo					
People (state overall activity and then breakdown this by a) & b) categories below)					
a) Transportation of people in course of their work					
b) Sightseeing/Tourism (including guests to lodges)					
i) Canadian Residents					
ii) US or Foreign Residents					
OTHER:					
OTHER:					
TOTAL:					
Specific Work					
Survey					
Mining – Oil/Gas					
Power/Pipeline Patrol					
Air Ambulance					
Traffic Patrol					
Executive Charter					
Spraying – Agricultural					
Rental					
Training – Ab Initio					
- Advanced					
- Recurrent Employees					
- Recurrent Outsiders					
Forestry: - Patrol					
- Logging					
- Shakes					
- Fire Bucket					
- Personnel Support					
Slung Cargo					
Heli Skiing					
Total:					

IOTES / COMMENTS:														
														<u> </u>
CURRENT PILOT														
Times shown may not b Describe ALL accidents a				ccording to you	ır records at ti	nis time.								
FIXED WING EXPE	ERIENCE	(Group pilo	its by aircraft fl	own)										
		_ (G. Gup p								TRAINING		ı	REQUENC	Y
						AIRCRAFT		ETS						RENT
NAME	AGE	TOTAL TIME	TOTAL FLOATS	TOTAL MULTI	TIME ON TYPE	TO BE FLOWN	TOTAL LAST 12 MONTHS	ACCIDNETS	Ω	ш	, H		SŦ.	12 MO. RECURRENT
								A	SIM BASED	OUTSIDE	IN HOUSE	INITIAL	6 MONTHS	2 MO.
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ROTARY WING EX	(PERIEN	ICE (Group	pilots by aircra	ft flown)										
										TRAINING		F	REQUENC	Y I
		TOTAL	TOTAL	TIME ON	AIRCRAFT	TOTAL LAST	TOTAL LAST	VETS						RENT
NAME	AGE	TIME	TURBINE	TYPE	TO BE FLOWN	30 DAYS	12 MONTHS	ACCIDNETS	SED	ı,	JSE		托	. RECUE
								⋖	SIM BASED	OUTSIDE	IN HOUSE	INITIAL	6 МОМТНЅ	12 MO. RECURRENT
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PLEASE DESCRIBE YOUR HIRING PRACTICES WITH RESPECT TO PILOTS IN COMMAND AND CO-PILOTS.				
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MISCELLANEOUS .				
1. Proposed expansion or changes of note:				
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2. Other pertinent or information of interest:				
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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 & Model	Reg. #	HULL CO	VERAGE R	EQUIRED ARG	Agreed Value	Config.	Pax. Seats	Third Party Liability	Utilization next 12 Days	
1.			NONE	ARPG	ARG					Days	nours
2.			<u> </u>		<u> </u>						
3.											
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30.											

HULL COVERAGE LEGEND: NONE = HULL COVERAGE DECLINED ARFG = All Risk Flight & Ground

ARGO = All Risk Ground Only

(a)	Total value of all spares for coverage:	\$ 280,000
(b)	Maximum any one location:	\$
(c)	Do you have your spares computerized?	NES D NO

# LOSS & VIOLATION HISTORY

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

### **GENERAL LIABILITY & PROPERTY INFORMATION**

PREMISES LIAB	ILITY:									
		garding your main & s	ub bases below:							
	AGE	SIZE	CONSTRUCTION	н	EATING	SPRINKLERED	ALARMED	OWNED / LEASED		
MAIN BASE										
SUB BASE										
SUB BASE										
B. Are you the	sole occupan	t of the buildings?			☐ YES	NO				
C. If not, who e	lse shares it	with you,?								
D. Limit of pren	nises liability	required?								
E. Do you require a quotation for building coverage on the above?										
HANGARKEEPE	RS LIABILITY					_				
a. Do you regul	arly store or	have in your care, air	craft owned by others?		YES	NO NO				
							AVERAGE	MAXIMUM		
b. If yes to (a)					Value of a	any one aircraft:				
					Value of a	all aircraft:				
. D		::-b+- f+	62							
		lights for customer ai			YES YES	NO NO				
-		maximum value of air	craft?							
	pe of aircraf					_				
d. Do you obtai	n a waiver fr	om the owner(s)?			YES	NO If yes a	attach a sample copy of th	ne waiver		
e. Limited Requ	ired:				Any one air	rcraft:	Any one occurre	nce:		
PRODUCTS LIA	BILITY									
Indicate your g	ross receipts	from others for the la	ast 12 months and any of t	he follow	ving expected					
						LA	AST 12 MONTHS	NEXT 12 MONTHS		
a. Fuel and Oil										
Aircraft Part										
Aircraft Part										
New Aircraft										
Used Aircraf										
Labour Runn										
Labour Repa b. Limits Requi		II .								
b. Lillits Kequi	reu.									

### **COVERAGE CHECKLIST**

	AS PER POLICY WORDINGS	MINIMUM REQUIRED	ALTERNATE LIMT	DECLINED
SPARES				
EMPLOYEE TOOLS				
BODILY INJURY (INCLUDING PASSENGERS) AND PROPERTY DAMAGE LIABILITY				
PROPERTY DAMAGE LIABILITY (EXCLUDING PASSENGERS)				
CONTINGENT LIABILITY				
NON-OWNED AIRCRAFT LIABILITY				
PERSONAL INJURY LIABILITY				
CONTINGENT LIABILITY LIMITS				
BAGGAGE LIABILITY				
CARGO LIABILITY				
SEARCH & RESCUE EXPENSES				
FIRE FIGHTING EXPENSES				
PREMISES, PROPERTY & OPERATIONS LIABILITY				
TENANTS LEGAL LIABILITY				
HANGARKEEPERS LIABILITY				
HANGARKEEPERS IN FLIGHT				
PRODUCTS / COMPLETED OPERATIONS LIABILITY				
OTHER:				

### **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

#### **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 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 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 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:	AIR 1 INSURANCE SERVICES LTD.	Telephone: <u>1-888-917-1177</u>
Signature of Applicant:	X	Date Signed:
Phone Number:	Mobile:	Best Time To Call: AM PM
Any Additional Information	on:	
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# PLEASE ENSURE YOU HAVE:

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

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

BY CANADA POST: AIR 1 INSURANCE SERVICES LTD.

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