



163 – 18799 Airport Way, Suite 201
Pitt Meadows, BC V3Y 2B4

RPAS Premises, Hangarkeepers and Products Liability Proposal Form

New Business Policy Renewal Mid-Term Change

www.air1insurance.com

Telephone: 1-888.917.1177 Fax: 1-866.372.2755

CURRENT INSURER:

CURRENT EXPIRY:

APPLICANTS INFORMATION

NAMED INSURED: (Registered Owner) _____	HOME PHONE: _____
COMPANY NAME: _____	WORK PHONE: _____
CONTACT PERSON: _____	CELL PHONE: _____
ADDRESS: _____	FAX NUMBER: _____
CITY/PROVINCE: _____	POSTAL CODE: _____
HOW DID YOU HEAR ABOUT AIR1? _____	OCCUPATION: _____

Would you like to receive information about any of these insurance products?	<input type="checkbox"/> Aviation	<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> Marine
DO YOU OWN ANY OTHER AIRCRAFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRY DATES:			

IF INSUFFICIENT SPACE PROVIDED FOR REQUIRED INFORMATION, PLEASE IDENTIFY AND ATTACH SEPRATE SHEET(S)

PREMISES

DOES APPLICANT OWN OR OCCUPY ANY AIRPORT PREMISES? YES NO

IF YES, PLEASE LIST AIRPORT NAME(S):

LIST ALL BUILDINGS, HANGARS, RAMPS AND ALL OTHER PREMISES TO BE INSURED BELOW: NONE

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)

APPLICANT OCCUPIES:

APPLICANT IS:

ALL OF PREMISES PART OF PREMISES OWNER OF PREMISES TENANT OF PREMISES GENERAL LESSEE OF PREMISE

LIST ALL VEHICLES AND MOBILE EQUIPMENT, SUCH AS AIRCRAFT TUGS AND FUEL TRUCKS, USED ON THE AIRPORT PREMISES TO BE INSURED BELOW: NONE

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)

DESCRIBE YOUR MAIN ACTIVITIES:

ANTICIPATED REVENUE FROM THIS SOURCE OF BUSINESS: \$

HANGARKEEPERS

DOES APPLICANT EVER HAVE NON-OWNED REMOTELY PILOTED AIRCRAFT SYSTEMS (RPAS) IN HIS CARE, CUSTODY OR CONTROL AT HIS PREMISES? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

A) AVERAGE VALUE OF ANY ONE RPAS:	
B) AVERAGE TOTAL VALUE AT ANY TIME:	

C) MAXIMUM VALUE OF ANY ONE AIRCRAFT:		
D) MAXIMUM TOTAL VALUE AT ANY TIME:		
E) MAXIMUM VALUE IN ANY ONE HANGAR:		
F) MAXIMUM VALUE OUTSIDE HANGAR(S):		
G) AVERAGE NUMBER OF RPAS IN YOUR CARE, CUSTODY OR CONTROL:		
H) PLEASE PROVIDE DETAILS OF ANY ROTOR WING AIRCRAFT INCLUDED ABOVE:		
I) AVERAGE NUMBER OF ENGINES IN YOUR CARE, CUSTODY OR CONTROL:		
DO YOU REQUIRE IN-FLIGHT HANGARKEEPERS COVERAGE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ANTICIPATED REVENUE FROM THIS SOURCE OF BUSINESS:	\$	
PRODUCTS LIABILITY		
NAME ANY SUBSIDIARIES INVOLVED WITH AVIATION PRODUCTS:		
SALES:	CANADA: \$ %	OTHER: \$ %
	USA: \$ %	(SPECIFY):
LAST 12 MONTHS		
FIXED WING:		
ROTOR WING:		
TOTAL:		
% SPLIT BETWEEN:	AIRFRAME:	
	ENGINES/PROPELLERS/ROTORS	
	SOFTWARE/GROUND CONTROL STATION EQUIPMENT	
ESTIMATES FOR NEXT 12 MONTHS		
FIXED WING:		
ROTOR WING:		
TOTAL:		
% SPLIT BETWEEN:	AIRFRAME:	
	ENGINES/PROPELLERS/ROTORS	
	SOFTWARE/GROUND CONTROL STATION EQUIPMENT	
HOW LONG HAS INSURED BEEN IN THE RPAS BUSINESS:		
DESCRIPTION OF INSURED'S RPAS ACTIVITIES (E.G. REPAIR STATION, SOFTWARE SPECIALIST, ENGINE OR PROPELLOR SHOP):		
WHAT TYPE OF RPAS DOES INSURED USUALLY WORK ON?		
DOES THE INSURED MANUFACTURE ANY RPAS PRODUCTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE SPECIFY:		
DOES THE INSURED REPRESENT ANY MANUFACTURERS OR RPAS PRODUCTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE SPECIFY:		
HAS THE INSURED SIGNED ANY AVIATION CONTRACTS THAT INCLUDE ADDITIONAL INSURED, HOLD HARMLESS, WAIVER OF SUBROGATION OR INDEMNITY PROVISIONS THAT AFFECT THE INSURANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE SPECIFY:		

