



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

## AVIATION INSURANCE APPLICATION

☐ 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: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOW DID YOU HEAR ABOUT AIR1? \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Would you like to receive information about any of these insurance products? ☐ Hangar ☐ Business ☐ Home ☐ Marine  
DO YOU OWN ANY OTHER AIRCRAFT? ☐ YES ☐ NO EXPIRY DATES: \_\_\_\_\_

### AIRCRAFT INFORMATION (If more than one aircraft please complete this section for each aircraft to be insured)

#### TYPE OF AIRCRAFT

YEAR: \_\_\_\_\_  
MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
REGISTRATION: \_\_\_\_\_

#### HULL COVERAGE (PLEASE COMPLETE FOR ALL CONFIGURATIONS)

☐ WHEELS FIXED GEAR \$ \_\_\_\_\_  
☐ WHEELS TAILWHEEL \$ \_\_\_\_\_  
☐ WHEELS RETRACT \$ \_\_\_\_\_  
☐ FLOATS \$ \_\_\_\_\_  
☐ SKIS \$ \_\_\_\_\_  
☐ AMPHIBIAN \$ \_\_\_\_\_  
☐ HELICOPTER \$ \_\_\_\_\_

NUMBER OF PASSENGER SEATS: \_\_\_\_\_ EXCLUDING PILOT

HORSE POWER AND ENGINE MAKE: \_\_\_\_\_

#### AIRCRAFT MAINTENANCE

ENGINE HOURS SINCE NEW: \_\_\_\_\_  
ENGINE HOURS SINCE LAST MAJOR OVERHAUL: \_\_\_\_\_  
DATE OF LAST AIRCRAFT ANNUAL: \_\_\_\_\_  
EQUIPMENT ADDED IN THE LAST 12 MONTHS? ☐ YES ☐ NO  
IF YES, LIST: \_\_\_\_\_

#### AIRCRAFT USE

AIRCRAFT USE: Private, Business & Pleasure  
ANY CHANGE IN USE? ☐ YES ☐ NO  
USED FOR TRAINING? ☐ YES ☐ NO  
IF YES, BY WHOM: \_\_\_\_\_

#### COVERAGE REQUESTED

HULL COVERAGE REQUESTED:  
☐ NONE ☐ ALL RISK FLIGHT & GROUND ☐ ALL RISK GROUND ONLY

HULL COVERAGE AMOUNT: \_\_\_\_\_

THIRD PARTY LIABILITY: ☐ 1,000,000 ☐ 2,000,000 ☐ OTHER: \_\_\_\_\_  
PASSENGER LIABILITY: ☐ 100,000 ☐ 300,000 ☐ COMBINED (SEE BELOW)  
OPTIONAL COMBINED LIABILITY (RECOMMENDED): ☐ 1,000,000 ☐ 2,000,000 ☐ OTHER: \_\_\_\_\_

#### ADDITIONAL INSURED

ADD. INSURED'S NAME: \_\_\_\_\_  
ADD. INSURED'S ADDRESS: \_\_\_\_\_  
NATURE OF ADD. INSURED: \_\_\_\_\_

#### AIRCRAFT LIENHOLDER

LEINHOLDER NAME: \_\_\_\_\_  
LEINHOLDER ADDRESS: \_\_\_\_\_  
LEIN AMOUNT: \$ \_\_\_\_\_

DOES YOUR AIRCRAFT HAVE SYNTHETIC VISION? ☐ YES ☐ NO

WILL THE AIRCRAFT BE FLYING INTO ANY OF THE FOLLOWING AREAS: (OUTSIDE OF CANADA) ☐ CONTINENTAL UNITED STATES OF AMERICA ☐ THE FRENCH ISLANDS OF ST. PIERRE AND MIQUELON ☐ THE REPUBLIC OF MEXICO ☐ THE BAHAMAS ISLANDS ☐ THE CARIBBEAN ☐ ALASKA ☐ OTHER: \_\_\_\_\_

WHAT IS THE LONGEST DURATION OF ANY OF THE TRIPS YOU WILL BE TAKING (OUTSIDE OF CANADA) WITHIN THE 12 MONTH PERIOD: MONTHS: \_\_\_\_\_ DAYS (IF LESS THAN A MONTH): \_\_\_\_\_  
ROUGHLY HOW MANY TIMES WILL THE AIRCRAFT BE LEAVING CANADA IN A 12 MONTH PERIOD: \_\_\_\_\_

DO YOU PARTICIPATE IN AIRSHOWS? ☐ YES ☐ NO IF YES, HOW MANY AIRSHOWS IN ONE YEAR: \_\_\_\_\_  
DO YOU USE THE AIRCRAFT FOR AEROBATICS? ☐ YES ☐ NO IF YES, HOW OFTEN: \_\_\_\_\_

### AIRPORT INFORMATION

AIRPORT NAME: \_\_\_\_\_ AIRCRAFT STORAGE: ☐ HANGARED ☐ TIED ☐ MOORED  
IF HANGARED, DO YOU OWN IT? ☐ YES ☐ NO IF YES, IS THE HANGAR OWNED BY THE SAME LEGAL ENTITY AS YOUR AIRCRAFT? ☐ YES ☐ NO  
IF NO, PLEASE IDENTIFY LEGAL ENTITY OF HANGAR? \_\_\_\_\_

IS YOUR HANGAR OWNED BY MULTIPLE OWNERS?		<input type="checkbox"/> YES		<input type="checkbox"/> NO		DO YOU REQUIRE A GROUP POLICY?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
TYPE OF AERODROME?		<input type="checkbox"/> CERTIFIED		<input type="checkbox"/> PRIVATE		RUNWAY SURFACE:		RUNWAY LENGTH:		FT	
DO YOU OWN THE AIRSTRIP?		<input type="checkbox"/> YES		<input type="checkbox"/> NO							
PILOT INFORMATION:											
	PILOT 1		PILOT 2		PILOT 3		PILOT 4		PILOT 5		
NAME:											
OCCUPATION:											
DATE OF BIRTH:											
LICENSE/RATINGS:	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT	<input type="checkbox"/> PRIV <input type="checkbox"/> COMM <input type="checkbox"/> ATP <input type="checkbox"/> REC <input type="checkbox"/> STU	<input type="checkbox"/> UL <input type="checkbox"/> FLOAT <input type="checkbox"/> MULTI <input type="checkbox"/> IFR <input type="checkbox"/> NIGHT	
ACCIDENTS, CLAIMS, LICENSE LIMITATIONS OR VIOLATIONS SURRENDER OR REVOCATION, OR TRANSPORT CANADA CITATIONS IN THE LAST 5 YEARS? IF YES, PROVIDE DETAILS:											
RECURRENT TRAINING IN THE LAST 12 MONTHS, PROVIDE DETAILS:											
MEMBERSHIP NUMBERS:											
EAA:											
COPA:											
CENTURY FLIGHT CLUB:											
OTHER:											
PILOT HOURS: All Hours include pilot in command and dual time and only specific to the make and model being flown											
TOTAL ALL AIRCRAFT:											
TOTAL MAKE & MODEL:											
TOTAL FLOATS:											
TOTAL AMPHIBIAN:											
TOTAL RETRACT:											
TOTAL TAILWHEEL:											
TOTAL MULTI:											
TOTAL TURBINE:											
TOTAL ROTOR:											
TOTAL LAST 90 DAYS:											
TOTAL LAST 12 MONTHS ALL AIRCRAFT:											
TOTAL LAST 12 MONTHS MAKE & MODEL:											
NOTES AND COMMENTS:											

BY COMPLETING THIS FORM, YOU AGREE WITH THE FOLLOWING TERMS:

THE STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE AND, TOGETHER WITH ANY OTHER INFORMATION PROVIDED BY ME IN CONNECTION WITH THIS APPLICATION, FORM THE BASIS FOR ANY CERTIFICATE ISSUED HEREUNDER. I AGREE THAT ANY MATERIAL MISREPRESENTATION SHALL RENDER THE INSURANCE VOIDABLE. I HEREBY EXPRESSLY CONSENT TO AIR1 INSURANCE SERVICES LTD. COLLECTING, USING OR DISCLOSING PERSONAL INFORMATION, OR PROVIDING SUCH PERSONAL INFORMATION TO THIRD PARTIES AS REQUIRED. NO COVERAGE IS BOUND UNDER THIS APPLICATION FORM UNTIL SUCH TIME AS COVERAGE IS CONFIRMED BY AIR1 INSURANCE IN WRITING.

DATE SIGNED:

SIGNATURE OF APPLICANT: