



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

AVIATION INSURANCE APPLICATION

New Purchase Policy Renewal Mid-Term Change

www.air1insurance.com

Telephone: 1-888.917.1177 Fax: 1-866.372.2755

CURRENT INSURER:

DATE COVERAGE
REQUIRED:

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: _____
 DO YOU CURRENTLY HAVE INSURANCE IN PLACE WITH ANOTHER BROKER AND ARE LOOKING FOR AN ALTERNATIVE QUOTE? YES NO
 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 | AIRCRAFT USE |
|---------------------|---|
| YEAR: _____ | AIRCRAFT USE: _____ Private, Business & Pleasure |
| MAKE: _____ | ANY CHANGE IN USE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MODEL: _____ | USED FOR TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| REGISTRATION: _____ | IF YES, BY WHOM: _____ |

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: _____

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: _____
**Combined liability combines third party and passenger liability into one limit.*

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: _____
 DO YOU PLAN ON LANDING AT OFF AIRPORT LOCATIONS? 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? YES NO DO YOU REQUIRE A GROUP POLICY? YES NO

TYPE OF AERODROME? CERTIFIED PRIVATE RUNWAY SURFACE: _____ RUNWAY LENGTH: _____ FT

DO YOU OWN THE AIRSTRIP? YES 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:
