



AIR 1 INSURANCE SERVICES LTD.

#163-18799 Airport Way, Pitt Meadows, BC, V3Y 2B4

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: _____
ADDRESS: _____	BUSINESS FAX: _____
_____	WEBSITE: _____
_____	EMAIL: _____

CURRENT INSURANCE COVERAGE:

WHAT IS THE PURPOSE OF THIS APPLICATION: <input type="checkbox"/> NEW POLICY <input type="checkbox"/> POLICY RENEWAL	CURRENT INSURER: _____
	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 #: _____
CHIEF ENGINEER: _____	EMPLOYED SINCE: _____	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:					
SUB 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...

How long have you been in operation?	_____ YEARS	_____ MONTHS
Do you advertise your operation in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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:		

Comments:

--

CHECKLIST <small>(Put an "X" and "%" in the appropriate spot)</small>	REGULAR	%	RARE IF EVER	NOT ANTICIPATED	COMMENTS
Schedule Work: Please provide details of all routes and frequency of flights. Attach Schedules.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Charter Work:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Flying Club:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Flying School:					
Total (the above categories must equal 100%):	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Charter Work (breakdown this work by cargo and people listed below as a percentage to the total charter work you do)

Cargo	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
People (state overall activity and then breakdown this by a) & b) categories below)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
a) Transportation of people in course of their work	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
b) Sightseeing/Tourism (including guests to lodges)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
i) Canadian Residents	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
ii) US or Foreign Residents	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Specific Work

Survey	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Mining – Oil/Gas	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Power/Pipeline Patrol	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Air Ambulance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Patrol	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Executive Charter	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Spraying – Agricultural	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Rental	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Training – Ab Initio	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
- Advanced	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
- Recurrent Employees	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
- Recurrent Outsiders	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Forestry :					
- Patrol	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
- Logging	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
- Shakes	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
- Fire Bucket	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
- Personnel Support	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Slung Cargo	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Heli Skiing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Total:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE DESCRIBE YOUR HIRING PRACTICES WITH RESPECT TO PILOTS IN COMMAND AND CO-PILOTS.

MISCELLANEOUS

1. Proposed expansion or changes of note:

2. Other pertinent or information of interest:

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 COVERAGE REQUIRED			Agreed Value	Config.	Pax. Seats	Third Party Liability	Utilization Expected next 12 months	
			NONE	ARFG	ARG					Days	Hours
1.	PA-331-350	C-GXEY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	375,000	W	9	10,000,000		500
2.	Pa-31-350	C-GROJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	400,000	W	9	10,000,000		500
3.	PA -31-310	C-GPCA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	300,000	W	7	10,000,000		300
4.	CESSNA 172	C-GWOK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	96,000	W	3	5,000,000		170
5.	PIPER PA32	C-GXUM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	90,000	W	5	10,000,000		300
6.	PIPER PA 31 -350	C-FPDK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	370,000	W	9	10,000,000		300
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
15.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
16.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
17.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
18.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
19.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
20.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
21.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
22.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
23.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
24.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
25.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
26.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
27.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
28.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
29.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
30.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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

SPARES: (Parts & Equipment, Tools, Ground handling, etc.):

(a) Total value of all spares for coverage: \$ 280,000
 (b) Maximum any one location: \$

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: 1-888-917-1177

Signature of Applicant: X Date Signed: _____

Phone Number: _____ Mobile: _____ Best Time To Call: _____ AM PM

Any Additional Information:

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.
380 – 18799 AIRPORT WAY,
PITT MEADOWS, BC, V3Y 2B4

BY FAX: 1-866-372-2755

AIR 1 INSURANCE SERVICES LTD
TOLL FREE: 1-877-917-1177
With in Vancouver, BC Area: 604-460-8787