



Flying Club Application

Thank you for your recent request for flying club insurance information.

The underwriting of aircraft insurance is a complex process and in order to provide you with the insurance you require at a price your club can afford we must obtain as much information as possible to properly evaluate your submission.

We ask that you take your time, complete ALL of the spaces and sign your submission where we ask for a signature. Our underwriters require hand signed applications, electronic signatures are not acceptable.

Submitting and signing the documents does not commit you to take coverage and we will not invoice unless you provide your written acceptance of our offer to insure you. Nor does the submission of your documents obligate us to provide a quotation or to insure you.

Please note you have a duty to verify all information provided by any club member pilot for accuracy.

Should you have any questions or concerns please contact our office and we will be pleased to assist you in any way possible.

Thank you once again for your interest in Air 1 Insurance Services.



107 - 8047 199 Street Langley BC, V2Y 0E2

Telephone: 1-888-917-1177 (Within the Vancouver area: 604-460-8787)

Fax: 1-866-372-2755 (Within the Vancouver area: 604-460-8788)

www.air1insurance.com



FLYING CLUB APPLICATION FORM

CLUB NAME: _____	TELEPHONE: _____
CLUB CONTACT: _____	MOBILE: _____
ADDRESS: _____	FAX: _____
_____	WEB: _____
_____	EMAIL: _____

CURRENT INSURANCE COVERAGE:

WHAT IS THE PURPOSE OF THIS APPLICATION: NEW POLICY POLICY RENEWAL CURRENT INSURER: _____
 POLICY EXPIRY DATE: _____

HOW DID YOU HEAR ABOUT AIR 1 INSURANCE: _____

IF REFERRED BY A FRIEND / ASSOCIATE, WHO REFERRED YOU? _____

PRINCIPALS / KEY PEOPLE WITH IN YOUR CLUB:

PRESIDENT: _____	MEMBER SINCE: _____	MOBILE #: _____
CHIEF PILOT: _____	MEMBER SINCE: _____	MOBILE #: _____
OPS. MANAGER: _____	MEMBER SINCE: _____	MOBILE #: _____
OTHER: _____	MEMBER SINCE: _____	MOBILE #: _____
OTHER: _____	MEMBER SINCE: _____	MOBILE #: _____

YOUR LOCATIONS:

	ADDRESS	AIRSIDE	AIRPORT CODE	DESCRIPTION	DESCRIBE OPERATIONS
MAIN BASE:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
SUB BASE:		<input type="checkbox"/> YES <input type="checkbox"/> NO			

AIRCRAFT SCHEDULE:

#	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.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											

PLEASE USE SEPARATE PAGE IF ADDITIONAL SPACE IS REQUIRED

Who does major maintenance on the club aircraft? _____

Are they a business or individual? Business Individual

Are they a member of the club? YES NO

