

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 out 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



Air1 Insurance Services Ltd.

107 - 8047 199 Street Langley BC V2Y 0E2 Telephone: 604.460.8787 or 1.888.917.1177 Fax: 604.460.8788 or 1.866.372.2755

www.air1insurance.com **FLYING CLUB APPLICATION FORM**

CLUB NAME: CLUB CONTACT: ADDRESS:									PHONE: 10BILE: FAX:			
ADDRESS.								WEB:	ran.			
							E	MAIL:				
CURRENT INS	SURANCE COVERA	AGE:						IDDENT INC	UDED			
	PURPOSE OF THIS AI		□ N	EW POLIC	Y 🗆	POLICY RENEW	/ΔΙ	JRRENT INS ICY EXPIRY	-			
	HEAR ABOUT AIR 1 Y A FRIEND / ASSO		PED VO	112								
IF KEFEKKED B	T A FRIEND / ASSOC	IATE, WHO KEPEK	NED TO	O:								
	KEY PEOPLE WIT	H IN YOUR CLUB	:									
PRESIDENT:							R SINCE:		MOBILE			
CHIEF PILOT: OPS. MANAGE							R SINCE: R SINCE:		MOBILE			
OTHER:							R SINCE:		MOBILE	-		
OTHER:							R SINCE:		MOBILE	#:		
YOUR LOCAT		DRESS		AIRSIDI	<u> </u>	AIRPORT CODE	DESC	RIPTION		DESC	CRIBE OPERA	TIONS
MAIN BASE:	AL	DICE33		YES C	_	AINT ON TODE	DESC	INIT TION		DLJ	CRIDE OF ERA	110143
					ה ואט ה							
SUB BASE:				YES	NO							
AIRCRAFT SC	HEDULE:						T		I			
# N	lake & Model	Reg. #	HULL O	COVERAGE R	EQUIRED ARG	Agreed Value	Config.	Pax. Seats		Party pility	Utilization next 12 Days	
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
PLEASE USE SEPARATE PAGE IF ADDITIONAL SPACE IS REQUIRED												
Who does maj	or maintenance on	the club aircraft?										
Are they a business or individual? Business Individual												
	Are they a member of the club? YES NO											

Total # of ACTIVE Club Members Are they flying own a/c & club a/c.

Total # of members who are student pilots.

(ACTIVE means they have flown a club aircraft in the past six months)

	CURRENT PILOT ROSTER: Please list all pilot club members, you are not required to list non-flying club members.								
	NAME	AGE	OCCUPATION	TOTAL TIME	HOURS LAST 12 MONTHS	TOTAL HOURS ON TYPE	LICENSE TYPE	RATINGS / ENDORSEMENTS	CLAIMS
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									<u> </u>
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									
31.									
32.									
33.									
34.									
35.									
36.									
37.									
38.									

CLU	B QUESTIONAIRE									
1.	To your knowledge, has t	he club or any club member had any	y accidents, incidents, violations or	claims in the past 5 years?	☐ YES	□ NO				
2.	Does the club have estab	☐ YES	□ NO							
3.	Does the club own, contr	☐ YES	□ NO							
4.	Is the club owned, contro	☐ YES	□ NO							
5.	Does the club have differ	☐ YES	□ NO							
6.	Does each member have an ownership interest in each aircraft?									
7.	·									
8.										
9.										
10.	Does the club hold groun	d school classes?			☐ YES	□ NO				
11.	11. Does any member receive compensation for their involvement in the club?									
12.	Will any aircraft be used for commercial purpose? "Commercial Purpose" means any use of the clubs aircraft for which an insured person receives, or intends to receive, money or related compensation or benefits.									
13.	· ·									
14.	Who has keys to the aircr	☐ YES	□ NO							
					☐ YES	□ NO				
15.	15. Please describe how members schedule the use of the aircraft & the dispatch procedures:									
16.	How many hours per year	r does each aircraft fly?			Max Hrs:					
17.	17. Is each club member required to fly every day 90 days, or take a check ride with a CFI when they haven't flown in the last 90 days?									
DIE	ASE DESIGNATE ANY CIT	IR MEMBERS THAT ARE TO BE	ALITHOPIZED BY THE CLUB TO	INQUIRE OR AMEND COVERAGE						
PLE	Member Name	Member Title	Email Address	Telephone #:	Level of Auth	nority				
					Inquiry Amendmen	nts				
					Inquiry					
					Amendmen Inquiry	ts				
					Amendmen	its				
					Inquiry Amendmen	ıts				
105	S HISTORY: Give a brief	description of any accidents in	cidents violations or claims the	at the club or it's member pilots hav	e had in the la	act 5				
year		description of any decidents, in	elderies, violations of claims th	at the class of it 3 member phots hav	e naa m the re	,3 . 3				

COVERAGE REQUIRED:								
Please note any additional coverage you m	ay require.	REQUIRED	LIMITS REQUIRED	ALTERNATE LIMITS				
ALL DISK HULL COVED A CE	IN MOTION FLIGHT & GROUND		AS PER PAGE 1					
ALL RISK HULL COVERAGE	NOT IN MOTION GROUND ONLY		AS PER PAGE 1					
PROPERTY DAMAGE LIABILITY			\$					
PASSENGER LIABILITY			\$					
PREMISES LIABILITY			\$					
ARE THERE ANY OTHER INSURANCE CO	OVERAGES WE CAN ASSSIST YOU WITH?							
HANGAR OR CLUB HOUSE COVERAGE		EXPIRY DATE:						
DIRECTORS & OFFICERS LIABILITY		EXPIRY DATE:						
OTHER:		EXPIRY DAT	E:					
ADDITIONAL INSUREDS			·					
NAME	ADDRESS	:	SPECIAL COVERAGE REQU	IREMENTS OR CONDITIO	ONS			
ANY ADDITIONAL INFORMATION:								
TERMS & CONDITIONS:								
bound by them. The applicant hereby war	wledge that you have read all information con rants and represent that all statements and ar ed the information. COVERAGE, IF OFFERED,	nswers to ques	tions made above and at	achments hereto are tr	ue and that the			
The applicant understands and agrees that the completion of this application does not bind Air1 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.								
protection of your personal information is to privacy and safeguarding your personal	with excellent service. Doing business with a one of our highest priorities. Our brokerage— information. As a result of federal and provinc use, and disclose your personal information. Yoursider appropriate in the circumstances.	-and the insur	ance industry—have a sol we've further strengthen	id track record of respected our privacy commitr	ting your right nent by			
wish to proceed with coverage you must si Certificate of Insurance will be issued confi CONFIRMATION FROM OUR OFFICE. I/We declare that the statements and dec insurance. I/We agree that the statement	ou have received a written quotation from Air ign and return the quote acceptance form to o irming coverage is in place. NO COVERAGE SH clarations given are true and that no informations	ur office at the ALL BE DEEME on has been w	e number below. Once th D TO BE INFORCE UNTIL Y withheld that might influer	e acceptance form is red OU HAVE RECEIVED WR nce the acceptance of th	eived a ITTEN is proposed			
	urance Services Ltd to any liability nor make th	e applicant lia	ble for any premium unle		• •			
writing that coverage has been bound. Signature of Applicant:		e applicant lia	ble for any premium unle Date Signed:					

Air1 Insurance Services Ltd.

Best Time To Call:

Mobile:

Phone Number:

107 - 8047 199 Street Langley BC V2Y 0E2