

Airport Insurance Application

Name of Applicant: _____
 Street Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Telephone Number: _____ Corporate Website: _____
 Email Address: _____
 Applicant is: Individual Corporation Partnership (name each partner) _____
 Whose business is: _____
 Quotation for Airport Liability Insurance is requested for an annual period beginning: _____
 Your Present Airport Liability Insurance company: _____ Policy Expires: _____
 Name of Airport: _____
 Identifier _____ located _____ kilometres _____ of _____
APPLICANT IS: Tenant General Lessee Airport Owner

OPERATIONS OF APPLICANT

Indicate all operations and estimated annual gross receipts.

List all other sources and receipts below. Please use separate sheet if necessary.

Fuel & Lubricants	\$ _____	Aircraft Repair	\$ _____	\$ _____
AvGas (Litres)	_____	Aircraft Charter	\$ _____	\$ _____
Jet Fuel (Litres)	_____	Rental & Instruction	\$ _____	\$ _____
Tiedowns & Hangaring	\$ _____	Helicopter Repairs	\$ _____	\$ _____
New Aircraft	\$ _____	Restaurant	\$ _____	\$ _____
Landing Fee	\$ _____	Auto Parking	\$ _____	\$ _____
Used Aircraft	\$ _____			
Aircraft Parts	\$ _____			
				Total Estimated Gross Receipts \$ _____

FUELING: On premises? Yes No Done by applicant: Yes No
FUELING is by: Truck Hydrant Gas Pump Gas Pit Other
 Please explain if Other: _____
 Annual Litreage: Airline _____ litres; General Aviation _____ litres; Military _____ litres.
 Type of fuel sold (check all that apply): Avgas Jet Fuel Avgas & Jet Fuel
 Fuel Storage Facilities: Underground _____ litres; Above ground _____ litres.
 Annual Litreage of Turbine Engine Fuel: _____ litres.

TIE DOWN & HANGARING by APPLICANT

Are aircraft of others taxied, towed or moved by applicant? Yes No
 Number of: tiedown spaces _____ ; T-hangars _____ ; Multiple aircraft hangars _____
 Number of aircraft: tied down _____ ; In T-hangars _____ ; In multiple aircraft hangars _____
 Highest value A/C: tied down \$ _____ ; In T-hangars \$ _____ ; In multiple aircraft hangars \$ _____
 Total Value all A/C: tied down \$ _____ ; In T-hangars \$ _____ ; In multiple aircraft hangars \$ _____

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the airport premises.

Fuel Trucks: _____ Sweepers: _____ Snow Removal: _____ Fire Engines: _____ Tugs: _____
 Hydrant Carts: _____ Pickup Trucks: _____ Passenger Cars: _____ Other: _____
 State number of Elevators: _____ Escalators: _____ Moving Sidewalks: _____
 State number of Aircraft owned or operated by applicant: _____ Number of Helicopters: _____

CONTRACTS – Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? Yes No If “Yes,” attach copies.
 Does applicant use uniform customer contracts for hangaring, service, etc.? Yes No If “Yes,” attach copies.

CONSTRUCTION by Independent Contractors – show estimated cost by type of construction.

Runways & taxiways \$ _____ next year; \$ _____ next three years.
 All others (describe) _____ \$ _____ next year;
 \$ _____ next three years.

AIRPORT DESCRIPTION - Elevation is _____ ft.; Longest runway is _____ ft.

Runway Construction: Concrete Turf Gravel Blacktop Other

Please explain if Other: _____ Runways lighted? Yes No

Aircraft traffic is controlled -- Yes No - by Tower Unicom - Operated by: _____

Is there an airport manager? Yes No Employed by: _____

Is manager on premises during hours of operation? Yes No Hours of operation: _____ to _____

Fire station located at airport? Yes No It is _____ Kilometres from airport.

Is airport fenced? Yes No Who maintains the airport? _____

Does the insured own, operate or maintain any aids to navigation? Yes No (If “Yes,” describe below.

If applicant is Owner or General Lessee – complete the following and enclose a map or NAV CANADA Airport Chart.

Airport manager is: _____ (if Independent Contractor, please furnish copy of contract.)

Any recreational or other non-aviation facilities or use of airport premises? Yes No (If “Yes,” describe below.)

List Airlines and Scheduled Air Taxis that will serve this airport during next three years:

Total Estimated Arrivals & Departures	Present Year	Next Year (Estimated)	Following Year (Estimated)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

LIABILITY COVERAGE – state limits of liability desired.

Bodily Injury Liability Each Person Each Occurrence
 \$ _____ \$ _____

Property Damage Liability _____ \$ _____

Single Limit Bodily Injury and Property Damage _____ \$ _____

_____ Each Aircraft

Ground Hangarkeepers Liability \$ _____ \$ _____

LOSS HISTORY and PREVIOUS AVIATION INSURANCE Explain each “Yes” answer in the space below.

Has applicant had any airport/aviation losses/claims during last five years? Yes No

Has insurer cancelled, declined or refused to renew any airport/aviation insurance? Yes No

Name of last or present airport/aviation insurance company: _____

Use this space for explaining “Yes” answer to previous questions.

Use this space for explaining "Yes" answer to previous questions.

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: _____
Street Address: _____
City: _____ Prov: _____ Postal Code: _____
Individual Producer Name: _____

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until Canadian Aviation Insurance Managers, Ltd. (Managers of the CAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by Canadian Aviation Insurance Managers, Ltd., the full amount of premium becomes due and payable immediately. I/We authorize Canadian Aviation Insurance Managers, Ltd. to investigate all or any qualifications or statements contained herein.

Date: _____ Signature of Applicant: _____

