

# All-Clear Aircraft Insurance Application

Name of Applicant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Corporate Website: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Applicant is:      Individual      Partnership      Corporation      Limited Liability Company      Other  
 Please explain if Other: \_\_\_\_\_  
 Business of the Applicant: \_\_\_\_\_  
 Your present aircraft insurance company: \_\_\_\_\_ Policy expires: \_\_\_\_\_

**Aircraft Information**

Year: \_\_\_\_\_ Make and Model: \_\_\_\_\_ DOT Reg.: \_\_\_\_\_  
 Capacity: Passenger \_\_\_\_\_ Crew \_\_\_\_\_ Normal Airworthiness Category?      Yes      No  
 Explain "No" answer: \_\_\_\_\_  
 Is aircraft equipped with any modifications not provided by manufacturer (STOL kit, performance devices, etc.)?      Yes      No  
 Explain "Yes" answer: \_\_\_\_\_  
 Is aircraft a landplane?      Yes      No      (If "No," please describe.) \_\_\_\_\_  
 Is it usually hangared?      Yes      No      Aircraft is usually based at: \_\_\_\_\_  
 Purchase date: \_\_\_\_\_ Purchase price (with equipment): \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
 Engine Hours Single: \_\_\_\_\_ Twin (L): \_\_\_\_\_ (R): \_\_\_\_\_ Airframe Hours: \_\_\_\_\_

**Please explain "Yes" answers on page 2.**

Will any charge (other than operating expenses) be made for the use of the aircraft?      Yes      No  
 Will the aircraft be used for anything other than transporting people?      Yes      No  
 Will the aircraft be used any place other than at paved runway airports?      Yes      No  
 Will the aircraft be used outside Canada or USA?      Yes      No  
 Do you own or exclusively lease any other aircraft?      Yes      No  
 Do you use non-owned aircraft?      Yes      No  
 Will the aircraft be used for student or pilot instruction?      Yes      No

Name of Instructor: \_\_\_\_\_ Flight School: \_\_\_\_\_

**Aircraft Ownership**

If you do not own the aircraft by yourself, please list the names and addresses of co-owners, mortgagees and/or lessors:

Ownership Status	Name	Address	Lien Amount	Is a BOW Required?
Co-Owner Mortgagee Lessor			\$	Yes      No
Co-Owner Mortgagee Lessor			\$	Yes      No
Co-Owner Mortgagee Lessor			\$	Yes      No

**Pilot Information** Data required on all pilots who will operate the aircraft.

<b>Pilot No. 1</b>					
Name: _____					
Age: _____					
Occupation: _____					
Last Medical Date: _____ Class: _____					
Last Flight Review Date: _____					
In Make/Model A/C: _____					
Date of last instrument proficiency check in insured aircraft: _____					
<b>TC Pilot Licences Held:</b> <input type="checkbox"/> Stu. <input type="checkbox"/> Rec. <input type="checkbox"/> Pvt.					
Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI					
Licence No.: _____ Issue Date: _____					
<b>Ratings:</b> <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES					
<input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft					
<b>Pilot-In-Command Hours:</b>					
All Aircraft			This Make & Model		
Total	Last 12 Mo.	S.E. Ret. Gear	Multi Eng Total	Total	Last 12 Mo.
<b>Helicopters</b>					
Total Jet	Total TurboProp	Turbine Total	Last 12 Mo.	Float	Other
<b>Recurrent/Transition Courses:</b> Describe and give dates of last courses attended:					
Date of last competency check in insured aircraft: _____					

<b>Pilot No. 2</b>					
Name: _____					
Age: _____					
Occupation: _____					
Last Medical Date: _____ Class: _____					
Last Flight Review Date: _____					
In Make/Model A/C: _____					
Date of last instrument proficiency check in insured aircraft: _____					
<b>TC Pilot Licences Held:</b> <input type="checkbox"/> Stu. <input type="checkbox"/> Rec. <input type="checkbox"/> Pvt.					
Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI					
Licence No.: _____ Issue Date: _____					
<b>Ratings:</b> <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES					
<input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft					
<b>Pilot-In-Command Hours:</b>					
All Aircraft			This Make & Model		
Total	Last 12 Mo.	S.E. Ret. Gear	Multi Eng Total	Total	Last 12 Mo.
<b>Helicopters</b>					
Total Jet	Total TurboProp	Turbine Total	Last 12 Mo.	Float	Other
<b>Recurrent/Transition Courses:</b> Describe and give dates of last courses attended:					
Date of last competency check in insured aircraft: _____					

**Explain Each "Yes" Answer – With respect to each pilot:**

As pilot, any incidents, accidents or any citations for CARs violations or licence limitations?

<b>PILOT NO. 1</b>		<b>PILOT NO. 2</b>	
As pilot, any incidents, accidents or any citations for CARs violations or licence limitations?	YES	NO	YES
Any physical impairments or limitations or waivers on Medical Certificate?	YES	NO	YES
Any felony convictions or licence suspensions arising out of operation of a motor vehicle	YES	NO	YES
Any arrests for operation of a motor vehicle recklessly or under influence Of alcohol or drugs?	YES	NO	YES
Will anyone, other than you or the pilots shown above, use your aircraft?	YES	NO	YES

Any physical impairments or limitations or waivers on Medical Certificate?

Any felony convictions or licence suspensions arising out of operation of a motor vehicle

Any arrests for operation of a motor vehicle recklessly or under influence Of alcohol or drugs?

Will anyone, other than you or the pilots shown above, use your aircraft?

**Indicate the coverages desired.**

<b>Coverage</b>	<b>Limits of Coverage</b>		
Combined Liability Coverage for bodily injury and property damage	\$	Each Occurrence	
OR			
Combined Liability Coverage for bodily injury and property damage	\$	Each Occurrence	
Subject to a Maximum of	\$	Each Passenger	
Medical Coverage	\$	Each Person	
Aircraft Physical Damage Coverage	Not in-motion deductible \$	In-motion deductible \$	Limit \$

**Use this space for explaining "Yes" answers to previous questions.**

Use this space for explaining "Yes" answers 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: \_\_\_\_\_

