

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			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Owner Mortgagee Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Owner Mortgagee Lessor			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Pilot No. 1					
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: _____					
TC Pilot Licences Held: <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: _____					
Ratings: <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft					
Pilot-In-Command Hours:					
All Aircraft			This Make & Model		
Total	Last 12 Mo.	S.E. Ret. Gear	Multi Eng Total	Total	Last 12 Mo.
Helicopters					
Total Jet	Total TurboProp	Turbine Total	Last 12 Mo.	Float	Other
Recurrent/Transition Courses: Describe and give dates of last courses attended: _____ _____					
Date of last competency check in insured aircraft: _____					

Pilot No. 2					
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: _____					
TC Pilot Licences Held: <input type="checkbox"/> Stu. <input type="checkbox"/> Rec. <input type="checkbox"/> Pvt. <input type="checkbox"/> Comm. <input type="checkbox"/> ATP <input type="checkbox"/> CFI					
Licence No.: _____ Issue Date: _____					
Ratings: <input type="checkbox"/> ASEL <input type="checkbox"/> AMEL <input type="checkbox"/> ASES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotorcraft					
Pilot-In-Command Hours:					
All Aircraft			This Make & Model		
Total	Last 12 Mo.	S.E. Ret. Gear	Multi Eng Total	Total	Last 12 Mo.
Helicopters					
Total Jet	Total TurboProp	Turbine Total	Last 12 Mo.	Float	Other
Recurrent/Transition Courses: 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?

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

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.

Coverage	Limits of Coverage		
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: _____

