



Non-Owned Aircraft Insurance Application

Name of Applicant: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number: _____ Corporate Website: _____
 Email Address: _____

Quotation for the following insurance is requested for an annual period beginning: _____
 The following insurance is requested for an annual period beginning: _____

Name of last (or present) insurance company: _____ Policy Expiration: _____

Applicant is: Individual Partnership Corporation LLC Other

If Other, please explain: _____

Business of Applicant: _____

Non-Owned Aircraft – List year, make and model of aircraft which may be used by applicant in next 12 months.

Pilots Information required on an individual applicant or each pilot employee of a company applicant.
If more than two pilots, attach separate sheet.

Pilot 1

Name	Age			Occupation				
Date of Last Medical	Class			Date of Last Flight Review				
TC Pilot Licence and Ratings Now Held:	STU INSTRUMENT	PVT	COMM CFI	ATP REC	ASEL OTHER	ASES	AMEL	AMES
	Licence Number: _____			Issue Date: _____				
Pilot-In-Command Experience By Make and Model of Aircraft	Total Hours	Total Hours Last 12 Months	Total Estimated Hours Next 12 Months	Total Hours Last 90 Days	Total Hours Instrument			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			

Pilot 2

Name	Age			Occupation				
Date of Last Medical	Class			Date of Last Flight Review				
TC Pilot Licence and Ratings Now Held:	STU INSTRUMENT	PVT	COMM CFI	ATP REC	ASEL OTHER	ASES	AMEL	AMES
	Licence Number: _____			Issue Date: _____				
Pilot-In-Command Experience By Make and Model of Aircraft	Total Hours	Total Hours Last 12 Months	Total Estimated Hours Next 12 Months	Total Hours Last 90 Days	Total Hours Instrument			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____	_____			

Please explain each "Yes" answer on page 3.

With respect to each pilot:

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

Pilot 1

Pilot 2

No Yes No Yes

Any physical impairments or limitations or waivers on Medical Certificate?

No Yes No Yes

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

No Yes No Yes

Any arrests for operation of a motor vehicle recklessly or under the Influence of alcohol or drugs?

No Yes No Yes

Uses

Please explain each "Yes" answer on page 3.

Will applicant make any charge to others for use of the aircraft?

No Yes

Will aircraft be used for other than transportation of persons (such as hunting, dusting, patrol, Research, etc.?)

No Yes

Will aircraft be operated at other than paved public airports or outside Canada?

No Yes

Where? _____ Purpose? _____ Frequency? _____

Will aircraft be used for student pilot instruction? No Yes

Name of trainee(s): _____

Instructor: _____

Flight School: _____

Company applicants:

Does the company have a policy, written or otherwise, that prohibits the use of aircraft by Employees who are not employed as professional pilots?

No Yes

If "Yes," please attach copy of written policy, if available. If not available, please explain in detail:

Does the company have a policy, written or otherwise, that requires management review and Approval of any use of aircraft by employees?

No Yes

If "Yes," please attach copy of written policy, if available. If not available, please explain in detail:

State annual flying hours of non-owned aircraft:

(a) Rental aircraft and use of employee-owned aircraft – last year _____ ; estimated next year _____

(b) Chartered aircraft with non-employee pilots – last year _____ ; estimated next year _____

Average number of passengers each trip: _____

Are passengers usually guests or employees? No Yes

Number of branch offices: _____

Total number of employees: _____

Number of employees who are pilots: _____

Number employed who own aircraft: _____

Number of these aircraft used on company business: _____

Number of employees whose regular duties require aircraft travel: _____

Any charters or rentals for more than seven consecutive days? No Yes

Will there be any use of jets, helicopters or aircraft over eight-place including crew? No Yes

Please state the limits of liability 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 Each Person

