

# 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
<hr/>		
Date of Last Medical	Class	Date of Last Flight Review
<hr/>		
TC Pilot Licence and Ratings Now Held:	STU PVT INSTRUMENT	COMM CFI
	ATP REC	ASEL OTHER
	ASES	AMES
	AMEL	
	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
<hr/>		
Date of Last Medical	Class	Date of Last Flight Review
<hr/>		
TC Pilot Licence and Ratings Now Held:	STU PVT INSTRUMENT	COMM CFI
	ATP REC	ASEL OTHER
	ASES	AMES
	AMEL	
	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
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Any felony convictions or licence suspensions arising out of the operation Of a motor vehicle?

No	Yes	No	Yes
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Any arrests for operation of a motor vehicle recklessly or under the Influence of alcohol or drugs?

No	Yes	No	Yes
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**Uses**

Please explain each "Yes" answer on page 3.

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

No	Yes
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Will aircraft be used for other than transportation of persons (such as hunting, dusting, patrol, Research, etc.?)

No	Yes
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Will aircraft be operated at other than paved public airports or outside Canada?

No	Yes
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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
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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
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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.

<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      Each Person

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**Loss History and Previous Aviation Insurance** (Explain each "Yes" answer)

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

Has any insurer canceled, declined or refused any aviation insurance?                      No                      Yes

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**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: \_\_\_\_\_

