



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:	<input type="checkbox"/> STU <input type="checkbox"/> PVT <input type="checkbox"/> COMM <input type="checkbox"/> INSTRUMENT <input type="checkbox"/> CFI	<input type="checkbox"/> ATP <input type="checkbox"/> ASEL <input type="checkbox"/> ASES <input type="checkbox"/> AMEL <input type="checkbox"/> AMES <input type="checkbox"/> REC <input type="checkbox"/> OTHER			
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:	<input type="checkbox"/> STU <input type="checkbox"/> PVT <input type="checkbox"/> COMM <input type="checkbox"/> INSTRUMENT <input type="checkbox"/> CFI	<input type="checkbox"/> ATP <input type="checkbox"/> ASEL <input type="checkbox"/> ASES <input type="checkbox"/> AMEL <input type="checkbox"/> AMES <input type="checkbox"/> REC <input type="checkbox"/> OTHER			
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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

With respect to each pilot:

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

Any physical impairments or limitations or waivers on Medical Certificate?

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

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

Please explain each "Yes" answer on page 3.

Pilot 1

Pilot 2

- No Yes No Yes
- No Yes No Yes
- No Yes No Yes
- 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?

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

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

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

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

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: _____

