

Global Aerospace Underwriting Managers (Canada) Limited

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Private Aircraft Application Form

Name of Insured

First Name: _____ Initial: _____ Last Name: _____

Registered Owner(s) if different from above: _____

Occupation: _____

Address

Street: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

Fax Number: _____ Expiry Date: _____

Name of Present Insurer: _____

Do you own any other aircraft? Yes No If Yes, name of insurer: _____

Has any Insurer cancelled or refused to renew your aircraft insurance policy in the past 5 years? Yes No

Reason: _____

Usual geographic area of operation: _____

Will you be training on your aircraft? Ab initio Advanced Recurrent No

Which training facility will you be using? _____

AIRCRAFT DETAILS

Where is the aircraft based? _____

Is aircraft: Hangared Tied Down Not Tied Down

Written Lease/Rental Agreement with Airport Owner: Yes No

Do you hold your storage provider harmless for physical damage to your aircraft? Yes No

Is the aircraft subject to any lien? Yes No Amount: \$ _____

State name and address of Lienholder and/or Lessor: _____

Registration: _____	Year: _____	Make & Model: _____	Passenger seats excluding crew: _____
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How is aircraft **registered**? (Check one):

Normal Amateur Built Ultralight Advanced Ultralight

Helicopter Gyrocopter Balloon Glider

Agreed Hull Value – Amount of Insurance requested \$ _____

Wheels \$ _____	Skis \$ _____	Floats \$ _____	Amphibian \$ _____
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Does Agreed Hull Value represent Present Market Value? Yes No

If No, explain: _____

Hull Insurance (check as required)

All Risks Flight and Ground

All Risks Ground excluding Taxiing

All Risks Ground including Taxiing

State Limit of Liability required

\$ _____ Single Limit Property Damage plus Bodily Injury including pass

\$ _____ Single Limit Property Damage plus Bodily Injury excluding pass

\$ _____ Single Limit Passenger Coverage per seat

PILOT DETAILS

	<i>Pilot 1</i>	<i>Pilot 2</i>	<i>Pilot 3</i>
Name			
Date of Birth (mm/dd/yyyy)			
Medical Category			
Date of Last Medical			
License Number			
Endorsements to License			
Total Time last 12 months			
Estimated flying next 12 months	Hours:	Hours:	Hours:
Accidents, Incidents or Violations? Details:			

Fixed Wing Experience

	<i>PIC</i>	<i>DUAL</i>	<i>PIC</i>	<i>DUAL</i>	<i>PIC</i>	<i>DUAL</i>
Total Time						
Total Time on Make & Model						
Total Time on Floats						
Total Time on Amphibian						
Total Retractable						
Total Time Taildragger						
Total Time Multi Engine						
Total Time Turbine						
Total Type Time last 60 days						
Total Type Time last 12 months						

Rotary Wing Experience

Total Time					
Total Time on Make & Model					
Total Type last 60 days					
Total Time last 12 months					

Rotary Wing Turbine Experience

Total Time					
Total Time on Make & Model					
Total Type last 60 days					
Total Time last 12 months					

Declaration: I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of my contract between myself and Global Aerospace. This application does not commit Global Aerospace to any liability nor make the Applicant liable for any premium unless and until Global Aerospace agrees in writing that coverage has been bound.

Name of Broker: _____ Signature of Applicant: _____ Date: _____

Phone Number: _____ Fax Number: _____

