

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:

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 \$

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: _____

Submit

