



Commercial Application Form

A. **NAME:**

B. **ADDRESS:**

Street

City

Province

Postal Code

C. **PRINCIPALS** (with some background including how long employed in that position)

Owners:

President:

Chief Pilot:

Operations Manager:

Chief Engineer:

Others of Note:

D. **FACILITIES**

Bases:

Descriptions:

E. **OPERATIONS**

On the following page is a chart that is to be completed in full outlining the details of your operation. Please ensure that this is completed as accurately as possible. In addition:

How long have you been in operation? Since: To:

Please advise any material points regarding your operation not described on the next sheet:

Do you advertise your operation in the United States? Yes No

Describe any operations you have involving flights into the United States:

F. CHECKLIST (Put a "check" and "%" in the appropriate spot)	Regular	%	Rare if ever	Not Anticipated
Schedule Work. <i>Please provide details of all routes and frequency of flights. Attach schedules.</i>				
Charter Work				
Flying Club				
Total (the above categories must equal 100%)				

Charter Work (breakdown this work by cargo and people listed below as a percentage to the total charter work you do).

Cargo				
People (state overall activity and then breakdown this by the a) & b) categories below).				
a) Transportation of people in course of their work				
b) Sightseeing/Tourism (including guests to Lodges)				
i) Canadian Residents				
ii) US or Foreign Residents				

Specific Work

Survey				
Mining - Oil/Gas				
Power/Pipeline Patrol				
Air Ambulance				
Traffic Patrol				
Spraying – Agricultural				
Rental				
Training - Ab Initio				
- Advanced				
- Recurrent - Employees				
- Outsiders				

Specific Work

Forestry - Patrol				
- Logging				
- Shakes				
- Fire Bucket				
- Personnel Support				
Slung Cargo				
Heli Skiing				

G. CURRENT PILOT ROSTER

N.B. Times shown may not be exact but best available by your records at this time.

**** Describe all accidents and violations. Use separate sheet if necessary.**

FIXED WING EXPERIENCE

Name	Age	Total Time	Total Floats	Total M/E	Time on Type	Aircraft to be flown	Total last 12 months	Accidents**

ROTARY WING EXPERIENCE

Name	Age	Total Time	Total Turbine	Time on Type	Aircraft to be flown	Last 30 Days	Total last 12 months	Accidents**



H. MISCELLANEOUS

1. Proposed expansion or changes of note:

2. Other pertinent information of interest:

3. Non-Owned Aircraft Liability:

- a) Annual Hours (if any) you used aircraft not owned and not insured by you:
- b) Maximum number of seats in the aircraft:
- c) Name of Operator:

I. SCHEDULE OF AIRCRAFT

Item No.	Reg'n	Make & Model	Hull coverages Required State None, ARFG Or ARG	Agreed Value	Passenger Seats (excluding pilot)	Limit of Liability	Utilization Expected Next 12 months	
							Days	Hours

ARFG – All Risks Flight

ARG – All Risks Ground

SPARES: (Parts & Equipment, Tools, Ground Handling, etc.):

- a) Total value of all spares for coverage: \$

- b) Maximum any one location: \$

- c) Do you have your spares computerized? Yes No

J. LOSS & VIOLATION HISTORY

Give a brief description of any accidents that you, your operation, or any of your pilots have had in the past 5 years, including date of loss, brief details involving accident(s), amount of loss:

Give a brief description of any violations that you, your operation, or any of your pilots have had in the past 5 years:

K. GENERAL LIABILITY INFORMATION

1. Premises Liability

(a) Any locations to be noted other than your main base?

(b) Do you lease or own your main base?

Are you the sole occupant of the building? If not who else shares?

(c) Please give a description of your main base (age, size, heating, construction):

(d) Limits required: CAD USD

2. Hangarkeepers Liability

(a) Do you regularly store or have in your care, aircraft owned by others? Yes No

(b) If "Yes" to (a) Average Maximum

(a) Value of any one aircraft: \$ \$

(a) Value of all aircraft: \$ \$

(c) Do you have any test flights to customer aircraft?

If so, what is the maximum value of aircraft, and give type expected?

(d) Do you obtain a waiver from the owner(s)? If so, attach copy of waiver sample: Yes No

(e) Limits required: Any one aircraft: Any one occurrence:

3. Products Liability:

Indicate your gross receipts **from others** for any of the following expected in the next twelve months:

(a) Fuel and Oil Sales \$

Aircraft Parts Installed \$

Aircraft Parts Sold \$

New Aircraft \$

Used Aircraft \$

Labour Running Maintenance \$

Labour Repair & Overhaul \$

(b) Limits required: CAD USD



I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of the proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of any contract between myself and Global Aerospace.

This application does not commit Global Aerospace to any liability and does not 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:

Facsimile Number:

GLOBAL AEROSPACE



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