



Global Aerospace Underwriting Managers (Canada) Limited

**Application
for
General Liability
Coverage**

Instructions

Please read carefully

This application form deals with all areas of operations that may require this type of coverage. Depending on your type of operation, certain sections of the application do **NOT** need to be completed.

To be completed by all Applicants

- | | | |
|-------------|--------------------------|----------|
| • Section 1 | General Information | Page 1&2 |
| • Section 8 | Declaration and Coverage | Page 11 |

Depending on how you completed question 5 of Section 1, General Information, you should then continue completing the application form as it applies to your operation. We recommend that you review each section of this application form, regardless of whether you feel you are not involved in that particular section. After reviewing a section, you may consider that you do have an exposure.

- | | | |
|----------------|---------------------------|-----------|
| • Section 2 | Hangarkeepers Coverage | Page 3 |
| • Section 3 | Products Coverage | Page 4 |
| • Section 4 | Airport/Heliport Coverage | Page 5 |
| • Section 5 | Contractors Coverage | Page 6 |
| • Section 6(a) | Ramp Service | Page 7 |
| • Section 6(b) | Fuelling Coverage | Page 8 |
| • Section 7 | Manufacturing Coverage | Page 9&10 |

Once you have completed this application:

- Please review all applicable sections and make sure they have been fully completed.
- Please attach all agreements you have entered into.
- Attach any other pertinent information to describe the risk.
- **Tear off only the application sections of this application form and return to your Broker so that the Broker may obtain a quotation from Global Aerospace Underwriting Managers (Canada) Limited (Global Aerospace).**

To be completed by all Applicants

Section 1 This section outlines the type of business, the location of the business and basic exposures of your premises/locations.

1. Name of Applicant: _____
2. Mailing Address: _____

Street
City
Province
Postal Code
3. Do you currently have this type of insurance: Yes ☐ No ☐
 If Yes, please provide:
 (a) Renewal date: _____
 (b) Current Insurance Company: _____
 If No, have you ever carried this Insurance before: ☐ ☐
4. Applicant is: Individual ☐ Partnership ☐ Corporation ☐ Municipality ☐
5. Business of Applicant: (*mark each category that applies to you*)

(a) airport operator <input type="checkbox"/> (b) commercial air service <input type="checkbox"/> (c) flying school/flying club <input type="checkbox"/> (d) aircraft maintenance <input type="checkbox"/> (e) aircraft engine overhaul <input type="checkbox"/> (f) aircraft propeller overhaul <input type="checkbox"/> (g) aircraft/parts sales or distribution <input type="checkbox"/>	(h) refueller <input type="checkbox"/> (i) ramp service <input type="checkbox"/> (j) aircraft cleaning <input type="checkbox"/> (k) independent contractor <input type="checkbox"/> (l) manufacturer <input type="checkbox"/> (m) other, describe _____ _____
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6. Applicant is: (*mark each category that applies to you*)

(a) airport owner <input type="checkbox"/> (b) airport lessee <input type="checkbox"/> (c) hangar owner <input type="checkbox"/> (d) lessee/tenant of hangar or office space <input type="checkbox"/>	(e) operator of ticket counter <input type="checkbox"/> (f) off airport <input type="checkbox"/> (g) other, describe _____ _____
--	---
7. If hangar owner, are you the sole occupant: Yes ☐ No ☐
8. Provide details of the hangar(s) you own or occupy. *Note: if you have other aircraft in your care, custody or control you must complete Section 2 of this application.*
 - (a) Details of hangar:

Age	Size	Construction	Heating	Sprinklered
				Yes <input type="checkbox"/> No <input type="checkbox"/>
1. _____				<input type="checkbox"/> <input type="checkbox"/>
2. _____				<input type="checkbox"/> <input type="checkbox"/>
 - (b) Occupants of hangar:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

9. How long has applicant been in business: _____

10. Number of Aviation employees: Full Time _____ Part Time _____

11. List all *Airport* locations:

Principal Location _____

Premises Occupied _____

Additional Locations _____

12. List *off Airport* locations:

Principal Location _____

Premises Occupied _____

Additional Locations _____

13. List equipment operated airside: *[insert the **number** of vehicles for each applicable category]:*

snow removal _____

de-icing trucks _____

escort vehicles _____

grass cutting _____

fuel trucks _____

catering vehicles _____

maintenance vehicles _____

passenger vehicles _____

cargo/baggage vehicles _____

contractors _____

courier vehicles _____

other vehicles, describe _____

14. Do you anticipate any construction work on your property in the next 12 months:

Yes
☐

No
☐

If Yes, then provide details: _____

15. Has the Applicant entered into any written agreement whereby either the applicant holds

harmless and indemnifies others **or** is held harmless and indemnified by others:

Yes
☐

No
☐

If Yes, *provide copy of the agreement:*

16. List all claims for the past 5 years including incidents which could result in a claim:

COVERAGE

Section 2: This section should be completed if you in any way store or have aircraft that you do NOT own but are in your care, custody or control.

1. Detail of any hangar you own or occupy:

	Age	Size	construction	Heating	Sprinklered	
					Yes	No
1.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

2. Are you the sole occupant of the hangar(s):

If No, advise other occupants:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

3. Hangared Aircraft:

Number of third party aircraft usually hangared (state number): _____

	AVERAGE	MAXIMUM
Value of any one aircraft	\$ _____	\$ _____
Value of all aircrafts	\$ _____	\$ _____

4. Aircraft tied down:

Number of third party aircraft usually tied down (state number): _____

	AVERAGE	MAXIMUM
Value of any one aircraft	\$ _____	\$ _____
Value of all aircrafts	\$ _____	\$ _____

5. Are aircraft of others towed or moved:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6. Describe fire protection facilities:

(Excluding Manufacturers)

Section 3 This section should be completed if you work on third party aircraft or sell aircraft or parts.

1. Gross Receipts of Applicant:

	Past 12 months	Estimated next
Labour from routine maintenance	\$ _____	\$ _____
Labour from airframe repair/overhaul.....	\$ _____	\$ _____
Labour from engine repair/overhaul	\$ _____	\$ _____
Labour from propeller repair/overhaul	\$ _____	\$ _____
Labour from avionics repair/overhaul.....	\$ _____	\$ _____
All parts not installed	\$ _____	\$ _____
New parts not installed	\$ _____	\$ _____
Used parts not installed.....	\$ _____	\$ _____
Avionics sales not installed	\$ _____	\$ _____
Painting operation	\$ _____	\$ _____
New aircraft sales.....	\$ _____	\$ _____
Used aircraft sales	\$ _____	\$ _____
Fuel and Lubricants.....	\$ _____	\$ _____
Other	\$ _____	\$ _____

Describe _____

2. Describe types of aircraft usually worked upon:

	Yes	No
Single engine piston	<input type="checkbox"/>	<input type="checkbox"/>
Twin engine piston	<input type="checkbox"/>	<input type="checkbox"/>
Turbine	<input type="checkbox"/>	<input type="checkbox"/>
Small jet	<input type="checkbox"/>	<input type="checkbox"/>
Large jet	<input type="checkbox"/>	<input type="checkbox"/>
Floatplanes	<input type="checkbox"/>	<input type="checkbox"/>
Helicopters	<input type="checkbox"/>	<input type="checkbox"/>

3. Percentage of Fixed Wing Gross Receipts: _____%

Percentage of Rotary Wing Gross Receipts: _____%

4. Details of principal Engineers:

Name	Type of Licence	Total years of experience	Years employed by applicant	Any claims	
				Yes	No
1. _____				<input type="checkbox"/>	<input type="checkbox"/>
2. _____				<input type="checkbox"/>	<input type="checkbox"/>
3. _____				<input type="checkbox"/>	<input type="checkbox"/>
4. _____				<input type="checkbox"/>	<input type="checkbox"/>
5. _____				<input type="checkbox"/>	<input type="checkbox"/>

5. If Yes to claim in 4 above, please advice details: _____

Coverage

Section 4 To be completed by Airport owners, if you lease an airport, or if you are responsible for an airport.

1. Description of Airport:

	Runway	Construction	Length	Width
1.				
2.				
3.				

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Is the airport fenced: | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there an Airport Manager: | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, then who employs the Manager: _____ | | |
| 4. Is there a fire station located at the airport: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If No, then how far from the airport : _____ | | |
| 5. What emergency equipment is located at the airport: _____ | | |
| _____ | | |
| 6. Does Applicant maintain an air crash emergency plan: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the airport used at night: | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the airport operational during the winter months: | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. If Yes to 8, do you provide snow clearing maintenance: | <input type="checkbox"/> | <input type="checkbox"/> |
| If No to 9, who does: _____ | | |
| Do you insist that this contractor carry insurance: | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you provide grass cutting and general maintenance of the airport: | <input type="checkbox"/> | <input type="checkbox"/> |
| If No to 10, who does: _____ | | |
| 11. Air traffic is: | | |
| controlled by tower | <input type="checkbox"/> | <input type="checkbox"/> |
| handled by unicom | <input type="checkbox"/> | <input type="checkbox"/> |
| uncontrolled | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Number of aircraft based at the airport: _____ | | |
| 13. Largest aircraft regularly using the airport: _____ | | |
| 14. Types of Scheduled aircraft using the airport: | | |
| Operator | Aircraft | Frequency |
| 1. | | |
| 2. | | |
| 3. | | |
| 15. Number of annual aircraft movements: | | |
| Scheduled Operators _____ | | |
| General Aviation _____ | | |
| 16. Does Applicant host or sponsor any airshow: | | |
| If Yes, please request your broker to obtain a separate application form if coverage is required. | | |

Contractors**Coverage****Section 5 This section should be completed by Applicants that have specific contracts at airports which do NOT Directly**

1. Type of contract:

	Yes	No	Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
(a) Snow removal	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(b) Grass cutting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(c) Runway or taxiway construction/repair/re-surfacing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(d) Building construction/alteration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(e) Fuel deliveries (not to aircraft)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(f) Cargo/courier warehouse pick –up	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(g) Escort vehicles	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(h) Electrical work	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(i) Other	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

2. Describe contract fully (areas cleared of snow, precise location of work, where pick-ups or deliveries are made, frequency of visits, etc): _____

3. How many years experience does the Applicant have providing this type of airport service: _____ years

Yes No

4. Is the work performed on an annual basis:

☐ ☐

If No, please advise the short term period:

_____ months

5. Does the contract require a specific period for completed operations cover:

☐ ☐

If Yes, please advise the period:

_____ months

6. Do you subcontract part of the contract:

☐ ☐

If Yes, are the subcontractors required to be protected by the Applicant:

☐ ☐

If No, do you require the subcontractors to carry their own insurance:

☐ ☐

7. What safety precautions are taken during the work: _____

8. When will the work be performed:

Yes No

Entirely during airport operational hours

☐ ☐

Partly during airport operational hours

☐ ☐

Not during airport operational hours

☐ ☐

Ramp Service

Coverage

Section 6(a) **This section should be completed if you provide any service to third party aircraft for preparation of a Flight.**

1. Type of contract:

	Yes	No	Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
Loading/unloading of passenger baggage	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Loading/unloading of cargo	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Marshalling	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
De-icing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Towing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Power starts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Fuelling (<i>complete section 6(b)</i>)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Other (describe blow)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

2. Advise frequency of services:

Piston/Turbo Prop Aircraft	Jet Aircraft
_____ weekly	_____ weekly
_____	_____
_____	_____
_____	_____

3. Types of aircraft serviced:

Piston/Turbo Prop Aircraft	Jet Aircraft
_____	_____
_____	_____
_____	_____

4. List the principal aircraft operators serviced:

1. _____
2. _____
3. _____
4. _____

5. How many years of experience does the Applicant have providing the type of aviation service: _____ years

Fuelling
Coverage

Section 6(b) This Section is to completed if you provide fuel to third party aircraft

- | | | |
|--|--|---|
| <p>1. The Applicant fuels by:</p> <div style="margin-left: 40px;"> Fuel Truck
 Gas Pump
 Other means </div> | Yes
<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/> | No
<input type="checkbox"/>

<input type="checkbox"/> |
| <p>2. Are fuel tanks:</p> <div style="margin-left: 40px;"> Above ground
 Below ground </div> | Yes
<input type="checkbox"/>

<input type="checkbox"/> | No
<input type="checkbox"/>

<input type="checkbox"/> |
| <p>3. Type of fuel:</p> <div style="margin-left: 40px;"> Av Gas
 Jet Fuel </div> | Yes
<input type="checkbox"/>

<input type="checkbox"/> | No
<input type="checkbox"/>

<input type="checkbox"/> |
| <p>4. Type of aircraft usually fuelled:</p> <div style="margin-left: 40px;"> Pistons
 Turbines
 Small Jets
 Large Jets </div> | Yes
<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/> | No
<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/>

<input type="checkbox"/> |

Past 12 months

- | | | |
|---|--|---------------------------------------|
| <p>5. Annual Sales:</p> <div style="margin-left: 40px;"> Av Gas
 Jet Fuel </div> | Gross Receipts
\$ _____
\$ _____ | Liters Pumped
\$ _____
\$ _____ |
|---|--|---------------------------------------|

Next 12 Months

- | | | |
|--|----------------------|----------------------|
| <div style="margin-left: 40px;"> Av Gas
 Jet Fuel </div> | \$ _____
\$ _____ | \$ _____
\$ _____ |
|--|----------------------|----------------------|

6. List the principal customers:
1. _____

2. _____

3. _____

4. _____

5. _____

- | | | |
|---|--|---------------------------------------|
| <p>7. Is fuelling of an aircraft always performed by your employees:</p> | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| <p>8. Are you responsible for fuel testing and quality assurance:</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>9. Is there any training program in fuel handling and aircraft fuelling procedures:</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>10. Is there a fire station located at the airport:</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p> If No, then how far from the airport _____</p> | | |

11. How many years of experience does the Applicant have providing this type of aviation service: _____ years

Manufacturing

Coverage

Section 7 This section is to be completed if you manufacture any items relating to the Aviation industry.

1. Describe all products manufactured:

2. Gross Receipts of Applicant:

	Past 12 months	Estimated next 12 months
General Aviation Fixed Wing.....	\$ _____	\$ _____
General Aviation Helicopters	\$ _____	\$ _____
Commuter Airlines.....	\$ _____	\$ _____
Major Airlines.....	\$ _____	\$ _____
Military Aircraft.....	\$ _____	\$ _____
Spacecraft/Satellites	\$ _____	\$ _____
Other : describe below	\$ _____	\$ _____

(i.e. Homebuilts, Ultralights, Gyrocopters, Gliders, Balloons)

3. Is a brochure of the Applicant issued:

Yes No
☐ ☐

If yes, *please provide a copy.*

4. Attach copies of any warranties provided.

5. Describe quality control procedures of Applicant or Applicant's external manufacturers:

6. State current principal customers and percentage of sales for each:

Customer	Country located	Percentage
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Manufactures continued

7. List any discontinued products for which coverage is required:

	Product
1.	_____
2.	_____
3.	_____

8. What portion of the products are manufactured or assembled by outside companies or manufactured by the Applicant to the specifications of others?

Product	Manufactured/assembled by an Outside company (state company)	Manufactured by Applicant to the specification of others (state company)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

9. Describe the potential hazards of all products:

10. Has any product ever been subject to any recall by the Applicant or others, or subject to any Airworthiness Directive: **Yes** **No**
☐ ☐

If Yes, Please provide details: _____

11. How many years of experience des the Applicant have manufacturing aviation products: _____ years

12. List all claims for the past 10 years including incidents which could result in a claim:

Date of Loss	Description	Amount	Insurer (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Declaration and Coverages

To be completed by all Applicants

Section 8 **This section outlines the coverages you require and confirms to us the statements you have made in this application as being correct.**

- Yes** **No**
1. Are there any further details or comments that Applicant would like to state to describe the operation: ☐ ☐
- If Yes, please provide details: _____
- _____
- _____

2. The Coverage required for quotation purposes are as follows:

Coverage	Limit Each Aircraft	Limit Each Occurrence
(a) Airport or Premises Property and Operations		\$ _____
<i>Extension for Tenants Legal Liability</i>		\$ _____
(b) Hangarkeepers Liability	\$ _____	\$ _____
(c) Products of Manufacturing Coverages		\$ _____
(d) Contractors Coverage (combines (a), (b) and (c))		\$ _____
(e) Fuelling (combines (a), (b) and (c))		\$ _____
<i>An annual aggregate limit applies to (c)</i>		

- Yes** **No**
3. Has any insurer ever cancelled, declined or refused to renew this type of insurance: ☐ ☐
- If Yes, please provide details: _____
- _____

4. 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 any contract between myself and Global Aerospace.

5. This Application does not commit Global Aerospace to any liability and does not make the Application liable for any premium unless and until Global Aerospace agrees in writing the coverage has been bound.

Name of Broker: _____

Signature of Applicant: _____

Phone Number: _____

Facsimile Number: _____

Dated: _____

Please tear off from this application form, the applicable sections that you have completed and return them along with any other brochures or agreements to your broker so that they may obtain a quotation from Global Aerospace.



Global Aerospace Underwriting Managers (Canada) Limited

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