

GLOBAL AEROSPACE



**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 | Declarations and Coverages | 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 Services | Page 7 |
| • Section 6(b) | Fuelling Coverage | Page 8 |
| • Section 7 | Manufacturers 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.

General Information

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:

Yes No

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

(b) commercial air service

(c) flying school/flying club

(d) aircraft maintenance

(e) aircraft engine overhaul

(f) aircraft propeller overhaul

(g) aircraft/parts sales or distribution

(h) refueller

(i) ramp service

(j) aircraft cleaning

(k) independent contractor

(l) manufacturer

(m) other, describe

6. Applicant is: *(mark each category that applies to you)*

(a) airport owner

(b) airport lessee

(c) hangar owner

(d) lessee/tenant of hangar or office space

(e) operator of ticket counter

(f) off airport

(g) other, describe

Yes No

7. If hangar owner, are you the sole occupant:

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

No

1.

2.

(b) Occupants of hangar:

1.

2.

3.

4.

5.

6.

General Information continued

9. How long has applicant been in business:

10. Number of Aviation employees: Full Time Part Time

11. List all *Airport* locations:

Principal Location

Additional Locations

Premises Occupied

12. List *off Airport* locations:

Principal Location

Additional Locations

Premises Occupied

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

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:

HANGARKEEPERS

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):					Yes	No
	If No, advise other occupants:					<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:			

Products Coverage (Excluding Manufacturers)
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Section 3 **This section should be completed if you work on third party aircraft or sell aircraft or parts.**

- | | | | | | |
|----|---------------------------------------|------------|-----------|----------------|-------------------|
| 1. | Gross Receipts of Applicant: | Yes | No | Past 12 months | Estimated next 12 |
| | 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 installed | | | | |
| | New parts not installed | | | | |
| | Used parts not installed | | | | |
| | Avionics sales not installed | | | | |
| | Painting operations | | | | |
| | 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. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |
| | 5. | | | | |

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

Airport/Helicopter

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.

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2. Is the airport fenced: | | Yes | No |
| | <input type="checkbox"/> | <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: | | | |
| 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: | | | |
| 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: | | | |
| Do you insist that this contractor carry insurance: | | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Air traffic is: | controlled by tower | <input type="checkbox"/> | <input type="checkbox"/> |
| | handle 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 involve aircraft.

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 advice 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 Services

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			\$	\$
Loading/unloading of cargo			\$	\$
Marshalling			\$	\$
De-icing			\$	\$
Towing			\$	\$
Power starts			\$	\$
Fuelling (<i>complete section 6(b)</i>)			\$	\$
Other (describe blow)			\$	\$

2. Advise frequency of services:

Piston/Turbo Prop Aircraft	Jet Aircraft
weekly	weekly

3. Types of aircraft serviced:

Piston/Turbo Prop Aircraft	Jet Aircraft
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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

- | | | | |
|----|--|------------|-----------|
| 1. | The Applicant fuels by:
Fuel Truck
Gas Pump
Other means | Yes | No |
| 2. | Are fuel tanks:
Above ground
Below ground | Yes | No |
| 3. | Type of fuel:
Av Gas
Jet Fuel | Yes | No |
| 4. | Type of aircraft usually fuelled:
Pistons
Turbines
Small Jets
Large Jets | Yes | No |

		<u>Past 12 months</u>	
5. Annual Sales:		Gross Receipts	Litres Pumped
	Av Gas..... \$		
	Jet Fuel..... \$		

		<u>Next 12 months</u>	
Annual Sales:		Gross Receipts	Litres Pumped
	Av Gas..... \$		
	Jet Fuel..... \$		

6. List the principal customers:
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

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

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

**Manufacturers
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:	Yes	No	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: If yes, <i>please provide a copy.</i>	Yes	No
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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.		

Manufacturers 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 does 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)
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Declarations 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.**

1. Are there any further details or comments that Applicant would like to state to describe the operation: **Yes** **No**

 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 or Manufacturing Coverage		\$
(d) Contractors Coverage (combines (a) and (c))		\$
(e) Fuelling (combines (a), (b) and (c))		\$
<i>An annual aggregate limit applies to (c)</i>		

3. Has any insurer ever cancelled, declined or refused to renew this type of insurance: **Yes** **No**

 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: _____