



# Aviation Non Owned Liability and Hull Application Form

Name of Applicant(s):

Address:

Street

City

Province

Postal Code

Type of Business:

Number of Offices:

Number of Employees:

Do you own any aircraft:

Yes  No

If Yes, state make and model:

Do you have employees specifically employed as pilots:

Yes  No

**If Yes, please provide the qualifications of these pilots:**

Name	Age	Single Engine	Multi Engine	Rotary Engine	Make & Model	Total Time

Do any of your other employees use their own fixed wing or rotary wing aircraft on company business:

Yes  No

If Yes, please advise:

(a) Make and Model of Aircraft flown:

**(b) Please provide the qualifications of these pilots:**

Name	Age	Single Engine	Multi Engine	Rotary Engine	Make & Model	Total Time

Do you or your employees charter or rent fixed wing aircraft for company business:

Yes  No

If Yes, please provide details:

(a) Purpose:

(b) Make and model of aircraft used:

(c) Seating Capacity (including crew)

Average

Maximum

(d) Approximate number of hours flown annually

Chartered (other than your own pilot)

Rented (piloted by your employees or your pilots)

Do you, or your employee's charter or rent rotary wing aircraft for company business:

Yes  No

If Yes, please provide details:

(a) Purpose:

(b) Make and model of aircraft used:

(c) Seating Capacity (including crew)

Average

Maximum

(d) Approximate number of hours flown annually

Chartered (other than your own pilot)

Rented (piloted by your employees or your pilots)

Is there any flying done on your behalf by subcontractors or joint ventures:

Yes  No

Do you assume any liability under contract:

Yes  No

If Yes, please provide a copy of the contract(s):

**Please provide the total aircraft utilization in hours:**

Within Canada	Within the USA	Elsewhere	State where

Have you ever had a claim made against you for an aircraft you have chartered or rented: Yes  No

If Yes, please provide details:

Do you currently have this type of insurance: Yes  No

If Yes, please advice:

(a) Renewal Date:

(b) Current Insurance Company:

If No, have you ever carried this Insurance before: Yes  No

Has any Insurance Company declined or refused to renew this type of Insurance: Yes  No

If Yes, please provide details:

<b>LIMITS OF LIABILITY</b>
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Please indicate limit of Liability coverage you require a quotation on:

\$1,000,000  
 \$2,000,000  
 \$5,000,000  
 \$10,000,000  
 Other Limit \$

Is coverage required for fixed wing aircraft only: Yes  No

Is coverage required for rotary wing aircraft: Yes  No

Is coverage required for passenger coverage: Yes  No

If Yes, please state the maximum number of passenger seats (including crew):

<b>NON OWNED HULL COVERAGE</b>
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Do you require non owned hull coverage: Yes  No

If Yes, please provide:

(a) Maximum value of any aircraft:

(b) Principle operators you charter / rent from:

**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ Dated: \_\_\_\_\_

