



General Liability Application Form

130 Adelaide Street West Suite 1600
Toronto ON M5H 3P5
Fax 416-849-4555

Name of Insured: _____

Address: _____
Street City Province Postal Code

Telephone number _____ Fax number _____ Email address _____

Current Insurer: _____

EXPIRY DATE: _____

Principal

Owner _____

Type of Business

How long have you been in business _____ Years
 Number of Aviation Employees _____ Full time _____ Part time

Aircraft maintenance		Aircraft cleaning	
Aircraft engine overhaul		Fuel Supplier	
Aircraft propeller overhaul		Ramp service	
Aircraft sales		Independent contractor	
Commercial Air Service		Manufacturer	
Flying School		Other, describe	

Location of premise

On airport _____ Off airport _____

Please provide details of the hangars or premises you occupy.

Location - state all Locations	Age	Size	Construction	Heating	Sprinklers

Are you the sole occupant of your hangar or premises Yes No if no list other occupants

Describe fire protection facilities available to your locations. _____

Do you expect to do any construction work on your property in the next 12 months? No Yes provide details

Do you have any written agreement holding other parties harmless. No Yes Provide details

Hangarkeepers Coverage

State number of aircraft in your care custody or control

	Average		Maximum	
	Hangared	Tied Down	Hangared	Tied Down
Value any one aircraft	\$	\$	\$	\$
Value of all aircraft	\$	\$	\$	\$

Are you responsible for moving other peoples' aircraft Yes No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care custody and control. Yes No

If yes please attach a copy of the standard agreement.

Ramp Services

If you provide services to third party aircraft for the preparation for of a flight or arrival of a flight please complete the following details

Type of Operation	Yes	No	Past 12 months	Estimated for next 12 months
Loading or unloading of baggage			\$	\$
Loading or unloading of cargo			\$	\$
Marshalling			\$	\$
Deicing			\$	\$
Towing			\$	\$
Power Starts			\$	\$
Fuelling Av Gas			\$ Litres pumped	\$ Litres pumped
Fuelling Jet Fuel			\$ Litres Pumped	\$ Litres pumped
Grooming			\$	\$
Other, describe			\$	\$

Please state types of aircraft serviced and frequency you provide this service.

	Piston/Turbo Prop		Jet Aircraft	
	Provide Types	How often a week	Provide Types	How often per week
Who are your principal Customers	1.			
	2.			
	3.			

How Long have you provided this service _____ Years

Do you have any agreement with your major customers where they have agreed to hold you harmless. Yes No

If yes please provide a copy of the agreement.

Products Coverage

Please provide details of your gross receipts

Gross Receipts from	Past 12 months	Estimated for next 12 months
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	\$	\$
Avionics sales not installed	\$	\$
New parts installed	\$	\$
Used parts installed	\$	\$
New aircraft sales	\$	\$
Used aircraft sale	\$	\$
Painting	\$	\$
Fuel <i>(if receipts exceed \$75,000 complete Ramp Service Questions)</i>	\$	\$
Other, Describe	\$	\$

Type of aircraft You Work Upon	Yes	No	Gross Receipts as a %
Single engine piston			
Twin engine piston			
Turbine			
Jets			
Helicopters			

Please list details of your Principal Engineers

Name	Type of License	Total Years Experience	Years employed by you	Any Claims

Coverages Required		Limit Each Occurrence	Alternate Limits
1 - Airport of Premises, Property & Operations	Limit Each Occurrence	\$	\$
1a - Tenants Legal Liability <i>\$250,000 automatically included</i>	Limit Each Occurrence	\$	\$
1b - Tools and Equipment	Limit Any one location	\$	\$
	Limit Per Occurrence	\$	\$
2 - Hangarkeepers	Limit Per Aircraft	\$	\$
	Limit Per Occurrence	\$	\$
3 - Products	Limit Per Occurrence & in the Aggregate	\$	\$
4 - Fuelling – Combines 1,2 & 3 above ,but not 1b	Limit Per Occurrence	\$	\$
5 – Contractors - Combines 1,2 & 3 above ,but not 1b	Limit Per occurrence	\$	\$

Loss and Violation History

Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss.

Coverages Required:

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/we agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers.

Date _____

Applicant's Signature _____

Brokers Name _____

Phone Number _____ Fax Number _____