



# Non Owned Aircraft 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:** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

Number of Offices \_\_\_\_\_ Number of employees \_\_\_\_\_

**What reason do you have for this coverage:**

Purpose \_\_\_\_\_

Types of aircraft used \_\_\_\_\_

Seating capacity \_\_\_\_\_

**How many hours do you expect to fly this year**

In Canada \_\_\_\_\_ In United States \_\_\_\_\_

Elsewhere \_\_\_\_\_ If elsewhere state where; \_\_\_\_\_

**Pilot Details**

Do you have any pilots on staff employed as a corporate pilot    Yes    How many \_\_\_\_\_    No

Do you have any employees that fly their own aircraft on company business    Yes    No

Do you have any staff pilots or employees that rent aircraft for company business    Yes    No

If the answer is yes to the above question, please provide details.

Name	Age	Total Time	Total Single Engine	Total Multi Engine	Total Floats	Total Rotary Wing	Claims	Type of Pilot	
								Corporate Pilot	Employee owns aircraft

**Claims History**

Have you ever had a claim on this type of coverage, if so please provide details. \_\_\_\_\_

**Coverages Required:**

Liability Limits required    Option 1 \_\_\_\_\_    Option 2 \_\_\_\_\_

Non owned hull coverage    Option 1 \_\_\_\_\_    Option 2 \_\_\_\_\_

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 \_\_\_\_\_