

Applicant's Name and Postal Address	You Are: <input type="checkbox"/> Individual <input type="checkbox"/> Canadian Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other, explain
	Your business is
	Your present aircraft insurance company is
	Policy expires

Aircraft Information			
Year	Make and Model	DOT Reg.	
Seating Capacity Pass.                      Crew	Normal Airworthiness Category Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft is a landplane Yes <input type="checkbox"/> No <input type="checkbox"/> (describe)	
It is usually hangared Yes <input type="checkbox"/> No <input type="checkbox"/>	Aircraft is usually based at		
Purchase Date	Purchase Price (with equipment) \$	Current Value \$	
			Explain yes answers
1) Will there be any charge made for the use of the aircraft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
2) Will the aircraft be used for anything other than transporting people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
3) Will the aircraft be used any place other than at paved runway airports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
4) Will the aircraft be used outside Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
5) Do you own any other aircraft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
6) Will the aircraft be used for student or pilot instruction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
Name of Instructor	Flight School		

Pilot Information - (we require information on every pilot who will operate the aircraft. If there are more than two, attach a separate sheet)			
Pilot No. 1			
Name	Birthdate M   D   Y	Occupation	Year learned to fly
DOT Pilot Licence: <input type="checkbox"/> Stu. <input type="checkbox"/> Rec. <input type="checkbox"/> Pvt. <input type="checkbox"/> Com'l. <input type="checkbox"/> ATP <input type="checkbox"/> Other -			Licence No.   Issue Date
Ratings: <input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> SES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotocraft <input type="checkbox"/> Other -			

Flying Experience – hours as pilot in command					
All Aircraft		This Make and Model		S/E Retractable Gear	
Total Hrs	Last 12 Mo.	Last 90 Days	Total Hrs	Last 90 Days	Total Hrs   Last 90 Days
Multi Engine		Float Planes		Amphibians	
Total Hrs	Last 90 Days	Total Hrs	Last 90 Days	Total Hrs	Last 90 Days
Civilian Last 10 Years					
Jet		Turbo prop		Prop.	

Pilot No. 1			
			Explain yes answers. Additional space available on back of page.
1) As pilot, any accidents, any citations for air regulations violations or licence limitations? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
2) Any physical impairments or limitations or Waivers on Medical Certificate? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
3) Any convictions or licence suspensions arising out of operation of a motor vehicle? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
4) Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs? ...	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
5) Will anyone, other than you or the pilots shown above, use your aircraft? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

Pilot No. 2			
Name	Birthdate M   D   Y	Occupation	Year learned to fly
DOT Pilot Licence: <input type="checkbox"/> Stu. <input type="checkbox"/> Rec. <input type="checkbox"/> Pvt. <input type="checkbox"/> Com'l. <input type="checkbox"/> ATP <input type="checkbox"/> Other -			Licence No.   Issue Date
Ratings: <input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> SES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotocraft <input type="checkbox"/> Other -			

Flying Experience – hours as pilot in command								
All Aircraft		Last 90 Days		This Make and Model		S/E Retractor Gear		
Total Hrs	Last 12 Mo.	Total Hrs	Last 90 Days	Total Hrs	Last 90 Days	Total Hrs	Last 90 Days	
Multi Engine		Float Planes		Amphibians		Civilian Last 10 Years		
Total Hrs	Last 90 Days	Total Hrs	Last 90 Days	Total Hrs	Last 90 Days	Jet	Turbo prop	Prop.

**Pilot No. 2**

			Explain yes answers. Additional space available on back of page.					
6)	As pilot, any accidents, any citations for air regulations violations or licence limitations? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
7)	Any physical impairments or limitations or Waivers on Medical Certificate? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
8)	Any convictions or licence suspensions arising out of operation of a motor vehicle? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
9)	Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs? ...	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
10)	Will anyone, other than you or the pilots shown above, use your aircraft? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>					

**Aircraft Ownership**

I/We Own the aircraft by myself - Yes <input type="checkbox"/> No <input type="checkbox"/>		List below name and addresses of: Co-owner(s) <input type="checkbox"/> Mortgage(s) <input type="checkbox"/> Lessor(s) <input type="checkbox"/>	
Names		Addresses	
Amount of any lien or loan, excluding interest and/or finance charges — \$			
Does your lienholder require Breach of Warranty? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Coverage (indicate the coverages desired) Limits of Coverage**

Combined Single Limit Liability Coverage for bodily injury (including passengers) and property damage	\$	Each Occurrence	
Combined Liability Coverage for bodily injury (excluding passengers) and property damage	\$	Each Occurrence	
Liability Coverage for bodily injury to passengers only	\$	Each Person	\$ Each Occurrence
Aircraft Physical Damage Coverage	\$	Insured value on wheels	
	\$	Insured value on floats	
	\$	Insured value on Skis	

Has any other insurer cancelled, declined, or refused to write any aviation insurance for you or one of your pilots? Yes  No

**Additional space for Yes answers (Use additional sheet if required)**


I/we authorize the following agent/broker to represent me/us in the placing of this insurance: Name and address of agent/broker:

**I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until AVRO Insurance Managers Ltd effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by the AVRO Insurance Managers Ltd, the full amount of premium becomes immediately due and payable. I/We authorize AVRO Insurance Managers Ltd. to investigate all or any qualifications or statements contained herein.**

Signature of Applicant or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

We respect your right to privacy and take care to ensure that all the information provided to us is handled and stored in a confidential manner. Personal information will only be requested from you when it is required to enable us to provide our services to you, and we will seek your consent to use it for communicating with you, assessing your application for insurance, disclosing information to Insurance Companies, negotiating, maintaining or renewing insurance on your behalf, providing claims assistance and service, advising you of other products or services and complying with regulators and legal authorities. We will not use such information without your consent, or pass or sell such information to other parties not involved in assisting us to provide our services to you.

**Please send completed application to AVRO - via fax to 604-608-3384 or email to [underwriting@avroins.com](mailto:underwriting@avroins.com)**