

## COMMERCIAL AVIATION INSURANCE QUESTIONNAIRE

1) Name of insured:
2) Address:
3) Policy Period Required: Inception Date _____ Current Insurer _____
4) Business of applicant: _____
5) How long have you been in operation: _____
6) Key Personnel and number of years with organization Owners: _____ Years President: _____ Years Chief Pilot: _____ Years Operations Manager: _____ Years Chief Engineer: _____ Years Others of Note: _____ Years
7) Aircraft Base:
8) Geographical Limit of Operations: <input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> Worldwide (please specify below) _____
9) Anticipated utilisation to/from USA: _____ Hours per year
10) Do you advertise in Countries Other than Canada <input type="checkbox"/> Yes (please state which) <input type="checkbox"/> No _____

**11) Operations**

<b>Aircraft Operations</b>				
	<b>Regular</b>	<b>%</b>	<b>Rare Use</b>	<b>Not Anticipated</b>
Schedule Work				
Charter Work				
Flying Club				

<b>Charter Work</b>				
	<b>Regular</b>	<b>%</b>	<b>Rare Use</b>	<b>Not Anticipated</b>
Cargo				
People				

<b>People Transport</b>				
	<b>Regular</b>	<b>%</b>	<b>Rare Use</b>	<b>Not Anticipated</b>
In course of their work				
Sightseeing / Tourism (incl guests to Lodges)				

<b>Passenger Mix</b>	<b>%</b>
Canadian Residents	
USA Residents	
Other	

<b>Specific Work</b>		<b>Regular</b>	<b>%</b>	<b>Rare Use</b>	<b>Not Anticipated</b>
Cargo	Internal				
	External (Slung)				
Air Ambulance	Medivac				
Mining	Oil + Gas				
Offshore	Oil platform				
Survey / Seismic					
Forestry	Patrol				
	Personnel Support				
Training	Ab Initio				
	Advanced				
	Recurrent				
Traffic Patrol					
Aerial Photography					
Power / Pipeline	Patrol				
Aerial Construction					
Night Flying					
Spraying	Agricultural				
Rental					
Heli-Skiing					
Other					

**12) FLEET SCHEDULE**

Make and Model	Reg'n	Year	F / W / A	Seat Capacity		Hull Physical Damage Agreed Value	Combined Single Liability Limit	Utilization	
				Crew	Passenger Seats			Days	Hours

F = Floats A = Amphibious W = Wheels  
 Please attach separate sheet for additional aircraft if required

**13) Additional Liability Information**

a) Do you require alternate Bodily Injury – Property Damage / Passenger Legal Liability cover options?

BODILY INJURY / PASSENGER LEGAL LIABILITY COVERAGE	
<input type="checkbox"/> Combined Single Limit	Limit applies to the combination of all claims arising from one event. Bodily Injury and / or property damage.
<input type="checkbox"/> Passenger Legal Liability limited to \$100,000 per seat	
<input type="checkbox"/> Passenger Legal Liability limited to \$300,000 per seat	

Currencies expressed in Canadian dollars, please tick one box from each side

b) Cargo Liability:

What is the maximum cargo value for any one aircraft \_\_\_\_\_

c) Non Owned Liability:

Annual Hours \_\_\_\_\_

Maximum number of seats \_\_\_\_\_

**14) Spares**

Spares includes parts and equipment, tools, ground handling etc.

Total Value of all Spares for coverage \$ \_\_\_\_\_

Do you have your spares computerized       Yes       No

**15) Pilot Information**

Name	Age	Total Hours	Multi-Engine Hours	Turboprop Hours	Jet Hours	Make and Model Hours	Hours in last 12 Months

**16) General Liability Information**

a) Products

Product Liability Limits Required \_\_\_\_\_

Do You Hold, Or Have You Signed, Any Waivers Or Agreements That May Affect This Insurance?      Yes       No

If Yes, Please Give Details


Indicate Your Gross Receipts From Any Of The Following Expected In The Next 12 Months:	i) Fuel And Oil Sales _____	Fixed Wing %	Rotor Wing %
		ii) Aircraft Parts - Installed _____ - Sold _____	
iii) Engine Overhaul _____			
iv) Sale of new Aircraft _____			
v) Sale of used Aircraft _____			
vi) Repair & Overhaul _____			

b) Hangarkeepers Liability

Do You Regularly Store Or Have In Your Care, Aircraft Owned By Others? Yes  No

If Yes ..... Value any one Aircraft Average \_\_\_\_\_ Maximum \_\_\_\_\_
Value of all Aircraft \_\_\_\_\_

Are you the sole occupant of the Hanger (s): Yes  No

Limits Required: Any One Aircraft: \_\_\_\_\_ Any One Occurrence: \_\_\_\_\_

c) Premises Liability

Main Base

Form box for Main Base details including Address, Description (Size, Value, Heating, Construction, Fire Protection, Age, Any Other Information).

Are You The Sole Occupant Of The Building? Yes  No

If No, Who Else Shares? \_\_\_\_\_

General Information

Form box for General Information including Do You Own Your Main Base? and Total No. Of Aircraft In Operation/Stored: \_\_\_ Max Aircraft Capacity: \_\_\_

Premises Liability Limits Required For Main Base \_\_\_\_\_

Other Bases

Form box for Other Bases details including Address, Description (Size, Value, Heating, Construction, Fire Protection, Age, Any Other Information).

Premises Liability Limits Required: \_\_\_\_\_

**14) CLAIM AND VIOLATION HISTORY FOR PAST 5 YEARS - INCLUDE DATE OF LOSS, DESCRIPTION AND AMOUNT OF CLAIM FOR THE PILOTS AND APPLICANT:**

Policy Year	Claim Amount	Loss Information

**NON - DISCLOSURE CLAUSE**

**You must ensure that you are complying with your duty of disclosure of all material matters and particularly that you satisfy yourself as to the accuracy and completeness of the information you provide to Insurers. In this respect you must provide all information, whether favourable or not, which might influence the judgement of a prudent Insurer in determining whether he will take the risk and if so, for what premium and on what terms. Failure to observe this obligation could void any contract entered into from inception and could lead to claims not being met.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_