



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 employees 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 advise:

(a) Renewal date _____

(b) Current Insurance Company _____

If No, have you ever carried this Insurance before:

☐ Yes ☐ No

Have any Insurance Company declined or refused to renew this type of Insurance:

☐ Yes ☐ No

If Yes, please provide details: _____

LIMITS OF LIABILITY

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) _____

NON OWNED HULL COVERAGE

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: _____