# **GLOBAL AEROSPACE**



Application for General Liability Coverage

# Instructions Please read carefully

This application form deals with all areas of operations that may require this type of coverage. Depending on your type of operation, certain sections of the application do <u>NOT</u> need to be completed.

To be completed by all Applicants

•	Section 1	General Information	Page 1&2
•	Section 8	Declarations and Coverages	Page 11

Depending on how you completed question 5 of Section 1, General Information, you should then continue completing the application form as it applies to your operation. We recommend that you review each section of this application form, regardless of whether you feel you are not involved in that particular section. After reviewing a section, you may consider that you do have an exposure.

•	Section 2	Hangarkeepers Coverage	Page 3
•	Section 3	Products Coverage	Page 4
•	Section 4	Airport/Heliport Coverage	Page 5
•	Section 5	Contractors Coverage	Page 6
•	Section 6(a)	Ramp Services	Page 7
•	Section 6(b)	Fuelling Coverage	Page 8
•	Section 7	Manufacturers Coverage	Page 9&10

Once you have completed this application:

- Please review all applicable sections and make sure they have been fully completed.
- Please attach all agreements you have entered into.
- Attach any other pertinent information to describe the risk.

		General Information	1		
	Τ	o be completed by all Ap	plicants		
Sectior	1 This section outlines the type of bu premises/locations.	siness, the location of th	e business and basic exposure	es of your	
1.	Name of Applicant:				
2.	Mailing Address: Street	City	Province	Postal Code	
3.	Do you currently have this type of insurance If Yes, please provide: (a) Renewal date:	e:		Yes	Νο
	(b) Current Insurance Company:			Yes	No
	If No, have you ever carried this Insurance	e before:		163	NO
4.	Applicant is: Individual	Partnership	Corporation	Municipali	ty 🗌
5.	Business of Applicant: (mark each catego	ry that applies to you)			
	(a) airport operator		(h) refueller		
	(b) commercial air service		(i) ramp service		
	(c) flying school/flying club		(j) aircraft cleaning		
	(d) aircraft maintenance				
	(e) aircraft engine overhaul		(k) independent contractor		
	(f) aircraft propeller overhaul		(I) manufacturer		
	(g) aircraft/parts sales or distribution		(m) other, describe		
6.	Applicant is: (mark each category that app	lies to you)			
	(a) airport owner		(e) operator of ticket counter		
	(b) airport lessee		(f) off airport		
	(c) hangar owner		(g) other, describe		
	(d) lessee/tenant of hangar or office space	e 🗌			
7.	If hangar owner, are you the sole occupan	t:		Yes	Νο
8.	Provide details of the hangar(s) you own o control you must complete Section 2 of thi	r occupy. Note: if you hav s application.	ve other aircraft in your care, cust	ody or	

(a)	Details of hangar: Age	Size	Construction	Heating	Sprinkle <b>Yes</b>	ered <b>No</b>
	1.					
	2.					
(b)	Occupants of hangar: 1.	:		2.		
	3.			4.		
	5.			6.		

Page	1

		General Information continued			
9.	How long has applicant been in business				
10.	Number of Aviation employees: Full Time	e Part Time			
11.	List all <i>Airport</i> locations: Principal Location Additional Locations	Premises Occ	upied		
12.	List off Airport locations: Principal Location Additional Locations	Premises Occ	supied		
13.	List equipment operated airside: [ins	ert the <b>number</b> of vehicles for each appli	cable category]:		
	snow removal	de-icing trucks	escort vehicles		
	grass cutting	fuel trucks	catering vehicles		
	maintenance vehicles	passenger vehicles	cargo/baggage ve	ehicles	
	contractors	courier vehicles	other vehicles, de	scribe	
	other vehicles, describe				
14.	Do you anticipate any construction work If Yes, then provide details:	on your property in the next 12 months:		Yes	No
15.	Has the Applicant entered into any writter harmless and indemnifies others <b>or</b> is hel If Yes, <i>provide copy of the agreement:</i>	n agreement whereby either the applicant hold Id harmless and indemnified by others:	5	Yes	No

16. List all claims for the past 5 years including incidents which could result in a claim:

#### HANGARKEEPERS

#### COVERAGE

# Section 2: This section should be completed if you in any way store or have aircraft that you do <u>NOT</u> own but are in your care, custody or control.

1.	Detail of any hangar you own or o	ccupy:					
		Size	Construction	Heating		orinkle	
	1.				Ye	es ]	No
	2.					]	
	3.					]	
2.	Are you the sole occupant of the l If No, advise other occupants:	hangar(s):			Ye	es	No □
	1.			5.			
	2.			6.			
	3.			7.			
	4.			8.			

#### 3. Hangared Aircraft:

Number of third party aircraft usually hangared (state number):

	AVERAGE	MAXIMUM
Value of any one aircraft	\$	\$
Value of all aircrafts	\$	\$

#### 4. Aircraft tied down:

Number of third party aircraft usually tied down (state number):

		AVERAGE	MAXIMU	JM		
	Value of any one aircraft	\$	\$			
	Value of all aircrafts	\$	\$			
5.	Are aircraft of others towed or moved:			Yes	No	
6.	Describe fire protection facilities:					

		Pro	ducts Coverage				
		(Exclud	ling Manufacture	ers)			
Secti	on 3 This section	n should be completed if you	work on third pa	arty airc	raft or sell aircraft	or parts.	
1.	Gross Receipts of Ap	oplicant:	Yes	No	Past 12 months		Estimated next 1
	Labour from routine r	naintenance					
	Labour from airframe	repair/overhaul					
	Labour from engine re	epair/overhaul					
	Labour from propeller	r repair/overhaul					
	Labour from avionics	repair/overhaul					
	All parts installed						
	New parts not installe	ed					
	Used parts not install	ed					
	Avionics sales not ins	stalled					
	Painting operations						
	New aircraft sales						
	Used aircraft sales						
	Fuel and Lubricants						
	Other						
	Describe						
2.	Describe types of airc	craft usually worked upon:					
	Tw Tur Sm Lar Flo	igle engine piston in engine piston rbine nall jet rge jet vatplanes licopters	Yes				
3.	Percentage of Fixed	Wing Gross Receipts:		9	6		
4.	Percentage of Rotary Details of principal Er Name	v Wing Gross Receipts: ngineers: Type of Licence	Total years of experier	5	% Years employed by applicant	Any claims Yes N	
	1.						
	2.						
	3.						
	4.						
	5.						
-	If Vec to cloim in 4 ch	ove please advice details:					

<sup>5.</sup> If Yes to claim in 4 above, please advice details:

## Airport/Helicopter

#### Coverage

## Section 4 To be completed by Airport owners, if you lease an airport, or if you are responsible for an airport.

1.	Description of Airport:						
	Runway	Construction	n	Length	Width		
	1.						
	2.						
	3.						
2.	Is the airport fenced:					Yes □	No
3.	Is there an Airport Manager:						
	If Yes, then who employs t	he Manager:					
4.	Is there a fire station located a	at the airport:					
	If No, then how far from the	e airport :					
5.	What emergency equipment i	s located at the airport:					
6.	Does Applicant maintain an a	ir crash emergency plan:					
7.	Is the airport used at night:						
8.	Is the airport operational durin	g the winter months:					
9.	, , ,	ow clearing maintenance:					
	If No to 9, who does: Do you insist that this contrac	tor carry insurance:					
10.	Do you provide grass cutting a	and general maintenance	of the airport:				
	If No to 10, who does:						
11.	Do you insist that this contract Air traffic is:	controlled by tower					
		handle by unicom					
		uncontrolled					
12.	Number of aircraft based at the	ne airport:					
13.	Largest aircraft regularly usin	g the airport:					
14.	Types of Scheduled aircraft us Operator	sing the airport: Aircra	aft	Frequency			
	1.						
	2.						
	3.						
15.	Number of annual aircraft mov	vements: Scheduled Operators					
		General Aviation					
16.	Does Applicant host or sponse						

If Yes, please request your broker to obtain a separate application form if coverage is required.

	Contractors						
	Coverage						
Section 5	This section should be completed by App directly involve aircraft.	plicants	that ha	ave specific contracts at	airports which do <u>NOT</u>		
<ol> <li>Type of cor</li> <li>(a) Snow (</li> </ol>	ntract: removal	Yes	No	Past 12 Months Gross Receipts \$	Next 12 Months Gross Receipts \$		
(b) Grass				\$	\$		
(c) Runwa	y or taxiway construction/repair/re-surfacing			\$	\$		
(d) Buildin	g construction/alteration			\$	\$		
(e) Fuel de	eliveries (not to aircraft)			\$	\$		
(f) Cargo/	courier warehouse pick –up			\$	\$		
(g) Escort	vehicles			\$	\$		
(h) Electric	cal work			\$	\$		
(i) Other				\$	\$		

2. Describe contract fully (areas cleared of snow, precise location of work, where pick-ups or deliveries are made, frequency of visits,etc):

3. How many years experience does the Applicant have providing this type of <u>airport</u> service:	y	ears
	Yes	No
4. Is the work performed on an annual basis:		
If No, please advice the short term period:	mo	nths
5. Does the contract require a specific period for completed operations cover:		
If Yes, please advise the period:	mor	nths
6. Do you subcontract part of the contract:		
If Yes, are the subcontractors required to be protected by the Applicant:		

If No, do you require the subcontractors to carry their own insurance:

7. What safety precautions are taken during the work:

8.	When will the work be performed:	Yes	No
	Entirely during airport operational hours		
	Partly during airport operational hours		
	Not during airport operational hours		

**Ramp Services** Coverage

#### This section should be completed if you provide any service to third party aircraft for preparation of a Section 6(a) flight.

1. Type of contract:

1. Type of contract:		Past 12 Months	Next 12 Months
	Yes No	Gross Receipts	Gross Receipts
Loading/unloading of passenger baggage		\$	\$
Loading/unloading of cargo		\$	\$
Marshalling		\$	\$
De-icing		\$	\$
Towing		\$	\$
Power starts		\$	\$
Fuelling (complete section 6(b))		\$	\$
Other (describe blow)		\$	\$

2. Advise frequency of services:	Piston/Turbo Prop Aircraft weekly	Jet Aircraft	weekly
3. Types of aircraft serviced:	Piston/Turbo Prop Aircraft	Jet Aircraft	
<ol> <li>4. List the principal aircraft operators serviced:</li> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>			
5. How many years of experience does the Applicant ha	ve providing the type of aviation service	e: years	

			Fuelling			
			Coverage			
Section 6(b)	This Section is to completed	if you pr	ovide fuel to third	party aircraft		
1.	The Applicant fuels by: Fuel Truck Gas Pump Other means	Yes	Νο			
2.	Are fuel tanks: Above ground Below ground	Yes	Νο			
3.	Type of fuel: Av Gas Jet Fuel	Yes	Νο			
4.	Type of aircraft usually fuelled: Pistons Turbines Small Jets Large Jets	Yes	Νο			
					<u>Past 12 r</u>	nonths
5.	Annual Sales:			Gross Receipts		Litres Pumped
	Av Gas			. \$		
	Jet Fuel			. \$		
	Annual Sales:			Cross Ressints	<u>Next 12 r</u>	
				Gross Receipts		Litres Pumped
0				. Φ		
6.	List the principal customers: 1.					
	2.					
	3.					
	4.					
	5.					
7.	Is fuelling of an aircraft always	performe	d by your employee	es:	Yes	No
8.	Are you responsible for fuel tes If No, who is	ting and	quality assurance:			
9.	Is there any training program in	fuel han	dling and aircraft fu	elling procedures:		
10.	Is there a fire station located at If No, then how far from the airp What emergency equipment is	oort				

<sup>11.</sup> How many years of experience does the Applicant have providing this type of *aviation* service: years

#### Manufacturers

#### Coverage

#### Section 7 This section is to be completed if you manufacture any items relating to the Aviation industry.

1. Describe all products manufactured:

2.	Gross Receipts of Applicant:	Yes	No	Past 12 months	Estimated next 12 months
	General Aviation Fixed Wing				
	General Aviation Helicopters				
	Commuter Airlines				
	Major Airlines				
	Military Aircraft				
	Spacecraft/Satellites				
	Other: describe below				
	(i.e. Homebuilts, Ultralights, Gyrocopters, Gliders, Balloons)				

Yes

No

- 3. Is a brochure of the Applicant issued: If yes, *please provide a copy*.
- 4. Attach copies of any warranties provided.
- 5. Describe quality control procedures of Applicant or Applicant's external manufacturers:

## 6. State current principal customers and percentage of sales for each:

Customer	Country located	Percentage
1.		
2.		
3.		
4.		
5.		
6		

# Manufacturers continued

- 7. List any discontinued products for which coverage is required: Product
- 1.
- 2
- 2.
- 3.
- 8. What portion of the products are manufactured or assembled by outside companies or manufactured by the Applicant to the specifications of others?

	Manufactured/assembled by an	Manufactured by Applicant to the
Product	Outside company (state company)	specification of others (state company)
1.		
2.		
3.		
4.		
5.		

9. Describe the potential hazards of all products:

	Yes	No
10. Has any product ever been subject to any recall by the Applicant or others, or subject to any Airworthiness Directive:		
If Yes, Please provide details:		

11. How many years of experience does the Applicant have manufacturing aviation products:	years
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12. List all claims for the past 10 years including incidents which could result in a claim:

Date of Loss	Description	Amount	Insurer (if applicable)
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## Declarations and Coverages

#### To be completed by all Applicants

# Section 8 This section outlines the coverages you require and confirms to us the statements you have made in this application as being correct.

Are there any further details or comments that Applicant would like to state to describe the operation:
 If Yes, please provide details:

Yes

Yes

No □

No

 $\square$ 

#### 2. The Coverage required for quotation purposes are as follows:

Coverage	Limit Each Aircraft	Limit Each Occurrence
(a) Airport or Premises Property and Operations		\$
Extension for Tenants Legal Liability		\$
(b) Hangarkeepers Liability	\$	\$
(c) Products or Manufacturing Coverage		\$
(d) Contractors Coverage (combines (a) and (c))		\$
(e) Fuelling (combines (a), (b) and (c))		\$
An annual aggregate limit applies to (c)		

- **3.** Has any insurer ever cancelled, declined or refused to renew this type of insurance: If Yes, please provide details:
- 4. I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this 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.
- 5. This Application does not commit Global Aerospace to any liability and does not make the Application liable for any premium unless and until Global Aerospace agrees in writing the coverage has been bound.

Name of Broker:	Signature of Applicant:
Phone Number:	
Facsimile Number:	Dated: