



Insurance for Things That Move.™

201 County Court Blvd., Suite 505
Brampton, Ontario, Canada L6W 4L2
Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500
Vancouver, BC., Canada V6C 3E8
Tel: (604)683-0506

Email: eagle@eagleunderwriting.com
www.eagleunderwriting.com

Application for Private Aircraft Insurance

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – General Information

Name _____			
Street _____	Suite _____	New Policy <input type="checkbox"/>	
City _____	Province _____	Renewal Policy <input type="checkbox"/>	
Postal Code _____		Individual <input type="checkbox"/>	
Contact Name _____		Corporation <input type="checkbox"/>	
Phone _____	Fax _____	Description of Business	
E-Mail _____	Website _____		
Geographic area of operation _____		Main Base _____	
Paved Runway Yes <input type="checkbox"/> No <input type="checkbox"/>		Runway Surface _____	
Are aircraft: Hangared <input type="checkbox"/> Tied-down <input type="checkbox"/> Neither <input type="checkbox"/>			

Section 2– Aircraft Details

	Make, Model, Year	Reg. #	Hull Coverage Required			Value (Wheels)	Value (Floats / Skis)	Pax. Seats	Third Party Liability	Utilization Expected next 12 months	
			None	ARFG	ARG					Days	Hours
1											
2											
3											
4											
5											
6											
7											
8											
9											

10. Please attach schedule None=Hull Coverage Declined ARFG=All Risk Flight Ground ARG=All Risk Ground Only



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Section 3 – Pilot Information

Name	Age	Total Time	Time on Type	Tail Time	Time on Floats	Time on M/E	Time Last 12 months	Licenses / and Endorsements

Section 4 – Insurance History

Current Insurer			
Policy renewal date			
Policy limit of liability			
Has insurance ever been cancelled or declined?			

Section 5 - Loss History Paid and Outstanding (past 5 years)

Year	Paid Premium	Paid Claims & Expenses	Outstanding Claims
Current			
Current less 1			
Current less 2			
Current less 3			
Current less 4			
TOTALS			

NOTE: Please attach a description of any accidents or violations that the Applicant or pilots have had in the last 5 years

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. **I hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)	Applicant's Signature
Title	Date Signed

Please email completed .PDF file to: eagle@eagleunderwriting.com

Or, print form and mail to: 201 County Court Blvd., Suite 505 Brampton, Ontario, Canada L6W 4L2