



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](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

### Application for Aviation Liability 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

Legal Name & Mailing Address

Risk Address (if different than above)

New Policy

Renewal Policy

Years in Business

Affiliates, subsidiaries, related companies (details)

No of Employees

Canada \_\_\_\_\_ USA \_\_\_\_\_

Contact Name \_\_\_\_\_

Payroll

Phone \_\_\_\_\_ Fax \_\_\_\_\_

No. of Branches

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Public / Private

Company Type

- Manufacturer                       Maintenance/Repair/Overhaul                       Airport Services  
 Contractor                               Hangarkeeper     Airport Operator  
 Other (specify) \_\_\_\_\_

Additional Insureds and their relationships to Applicant

### Section 2 – Loss Prevention

Does the Applicant have an employee safety training program?

Yes                       No

If yes, please provide details

Does the Applicant have a loss prevention program in effect?

Yes                       No

If yes, please provide details

### Section 3 – Quality Control

Does the Applicant have a Quality Control Process or certification by a recognized quality management organization?

Yes                       NO

If yes, please specify



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](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

**Application for Aviation Liability Insurance**

**Section 4 - Operations**

**Territory of Operations**

British Columbia	%	Maritimes	%
Alberta	%	Newfoundland	%
Prairies	%	Territories	%
Ontario	%	Quebec	%

**Revenues associated with the following activities**

AIRCRAFT SALES		PARTS / COMPONENTS SALES		CONTRACTORS	
Airline		Airframe materials / parts		Snow Removal	
Fixed Wing Piston		Engines		Grass Cutting	
Fixed Wing Turbine		Avionics/electronics		Runway/Taxi maintenance	
Helicopter		Airport / air traffic controls		Building Construction	
Unmanned Aerial Vehicle (UAV)		Ground support		Fuel Delivery	
Ultralights		Aircraft systems (incl landing gear)		Cargo/Courier	
Home Built		Simulators		Other (please describe)	
MAINTENANCE/REPAIR/OVERHAUL(MRO)		AIRPORT OPERATIONS		HANGARKEEPER	
Routine Maintenance		Cargo/Baggage Handling		Hangared	
Airframe / Systems Overhaul		Passenger Security		Tied-Down	
Engine Repair / Overhaul		Deicing		OTHER	
Propeller Repair / Overhaul		Towing		Non-Aviation	
Avionics Repair / Overhaul		Fueling			
Aircraft Cleaning		Grooming			
Painting		Air Traffic Control			
Consulting		Food / Beverage		<b>TOTAL</b>	

**Section 5 – Principal Engineers**

Name	Age	License Type	Yrs of Experience	Yrs Employed	Claims



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](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

**Application for Aviation Liability Insurance**

**Section 6 – Property Information**

List all locations of operations (including hangars and airports), providing details below (for additional locations, attach a separate sheet)

	Address/Airport	Rent or Own	Total Area (sq.ft)	Age	No. Stories	Construction* (Walls/Floor/Roof)	Protection*
1							
2							
3							
4							
5							

\*Construction - Fire Resistive, Non-Combustible, Combustible \* Protection – Fully (hydrant within 300m), Semi (fire hall within 8 km), Non (no hydrants)

Are any of the above locations occupied by others? If YES please provide details and sq. footage occupied  Yes  No

**Fire and Safety**

Location	Sprinklered	Central Station	Local Fire Alarm	Extinguishers	Smoke Detectors	Well Lit Exits
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Improvements - please provide details of any improvements to buildings (eg roof, wiring, plumbing)**

Details

**Risk Management – please indicate any initiatives to improve the exposures**

Security protection program (deadbolts, interior detectors, bars, fences, card access, etc)  Yes  No Superior Housekeeping  Yes  No

Details

**Section 7 – Equipment**

List any number of vehicles operated airside

Snow removal		De-icing		Escort	
Grass cutting		Fuel		Catering	
Maintenance		Passenger		Cargo/baggage	

Other (please describe)



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](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

**Application for Aviation Liability Insurance**

**Section 8 – Product Information**

Describe products sold or manufactured (Please also include copies of brochures, warranties and discontinued products)

Percentage of product manufactured		Percentage of product installed	
Percentage of new products		Percentage manufactured to customer specifications	

Describe types of aircraft usually worked upon

List principal customers and countries

**Section 9 – Contractors**

Describe contracts / service (eg fueling, snow removal, ramp service, etc)	Yrs of Experience	Length of Contract

Does the Applicant subcontract part of the contract? If YES do the subcontractors carry their own insurance  Yes  No

Is the work performed during airport operational hours?  Yes  No

Type of Aircraft Serviced?  Piston  Turbine  Small Jet  Large Jet  Rotor

Describe any safety precautions

List the principal customers

Fueling Details

By:  Truck  Pump  Other      Tanks:  Above ground  Underground      Type:  Gas  Jet

Fuel handing training program  Yes  No      Emergency equipment at airport  Yes  No



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](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

**Application for Aviation Liability Insurance**

**Section 10 – Hangarkeepers Information**

	Hangared		Tied Down	
	Average	Maximum	Average	Maximum
Number of third party aircraft				
Value of any one aircraft				
Value of all aircraft				

**Section 11 – Airport Operations**

**Description of Airport**

	Runway	Construction	Length	Width	Obstructions
1					
2					
3					
Is the Airport fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fire Station - Distance from Airport:		
Emergency Equipment – please describe			Does Applicant maintain an emergency air crash plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the airport used at night? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the airport used during the winter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who provides snow removal maintenance?			Who provides grass cutting and general maintenance?		
Air Traffic controlled: : <input type="checkbox"/> Tower <input type="checkbox"/> Unicom <input type="checkbox"/> Uncontrolled					
Number of Aircraft based at airport			Largest aircraft used at the airport		
Please describe scheduled aircraft at this airport					
Number of aircraft movements: Scheduled			General		
Are there airshows at this airport? If YES please provide details					
Describe any non-aviation activities					



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](mailto:eagle@eagleunderwriting.com)  
[www.eagleunderwriting.com](http://www.eagleunderwriting.com)

**Application for Aviation Liability Insurance**

**Section 12 – Coverage Requirements**

Coverage	Limit Required / Deductible	Coverage	Limit Required / Deductible
Premises Liability		Non-Owned Automobile Liability	
Products & Operation Liability		Building	
Hangarkeeper's Liability		Contents	
Airport Liability		Misc Property (eg–tools, equipment)	
Tenant's Legal Liability		Business Interruption	

**Section 13 – Additional Specialty Coverages**

**Eagle Underwriting is able to provide specialty insurance coverages that may pertain to you or your client's operations. Please contact your insurance broker to inquire about the following:**

Network Security & Privacy Breach	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade / Supply Chain Disruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Political Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No	War & Terrorism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 14 – Insurance & Loss History**

Current Insurer		Policy renewal date	
Policy limit of liability		Current Deductible	
Has insurance ever been cancelled or declined? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all claims made against the Applicant during the past <b>five years</b> for bodily injury or property damage			

**NOTE: Please attach a hard copy of Loss Statistics & advise of any incidents that may result in a claim**

**Section 15 – Applicant's Signature**

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