



Insurance for
Things That Move.™

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Application for Hangar Insurance - (property "excluding all aircraft")

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:	Hangar Identifier:	New Policy <input type="checkbox"/>
City:	Province:	Renewal Policy <input type="checkbox"/>
Postal Code:		Individual <input type="checkbox"/>
Contact Name:	Telephone:	Corporation <input type="checkbox"/>
Name of Previous Insurer:		Expiry Date:
Description of Operations:		
Years in Business:		Years of Related Prior Experience:
Number of Employees:		Annual Gross Receipts:
Percentage of Gross Receipts: Canadian _____ United States _____ Foreign _____		
Exposures: <input type="checkbox"/> Clear all directions or;		
Left of Insured: _____ Right of Insured _____ Behind Insured _____		

Section 2 – Loss History

Have there been any losses or claims by the applicant in the past 5 years? Yes No If yes, please complete chart below:

Loss Date	Loc. #	Cause	Status	Paid Amount	Reserve Amount	Insurance Company

Section 3.a – Risk Location and COPE

Use additional forms for each location, if necessary

LOCATION NUMBER _____

Location Address:							
Is the above address located at an Airport or Private Land				Airport <input type="checkbox"/> Private Land <input type="checkbox"/>			
OCCUPANCY				FIRE PROTECTION			
Percentage Occupied by Applicant:				Municipal Fire Protection Zone:			
Occupancy by Others:				Fire Protection Grade:			
CONSTRUCTION				Fire Alarm System:			
Year Built:				Sprinklered: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what percentage? _____			
Number of Stories:				BURGLARY AND CRIME PROTECTION			
Square Feet:				Burglary Alarm System:			
Walls:				Other Physical Protection:			
Floors:				Dead Bolt Door Locks:		Single Cylinder <input type="checkbox"/> Double Cylinder <input type="checkbox"/> None <input type="checkbox"/>	
Roof:				Window Bars:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Renovation Updates:				Surveillance Cameras:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type	Year	Full	Partial	Fence:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Electrical				Watchman/Security Guards:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Plumbing				Guard Dog:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heating				Exterior Lighting:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Roof				Entrance Visible From Street:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 3.b – Coverages

Coverage	Limit	Deductible
Building RC <input type="checkbox"/> ACV <input type="checkbox"/> POED <input type="checkbox"/>		
Equipment RC <input type="checkbox"/> ACV <input type="checkbox"/> POED <input type="checkbox"/> COED <input type="checkbox"/>		
Stock RC <input type="checkbox"/> ACV <input type="checkbox"/> POED <input type="checkbox"/> COED <input type="checkbox"/>		
Earthquake	Included	5% / \$100,000
Flood	Included	\$25,000
Sewer Back Up	Included	\$2,500
Equipment Breakdown Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/>		
Business Interruption Extra Expense <input type="checkbox"/> Profits <input type="checkbox"/> Gross Earnings <input type="checkbox"/>		
Other Coverage:		

Section 4 – Additional Insureds and Loss Payees

Type	Name	Mailing Address
Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/>		
Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/>		

Section 5 – 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