



Insurance for  
**Things That Move.™**

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### Schedule of Aircraft Application

**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 \_\_\_\_\_

New Policy

Renewal Policy

Years in Business \_\_\_\_\_

No of Employees \_\_\_\_\_

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

Payroll \_\_\_\_\_

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

No. of Branches \_\_\_\_\_

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

Public / Private \_\_\_\_\_

#### Section 2 – Schedule of Aircraft

	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											
11											

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

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 pu 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 \_\_\_\_\_