



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

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

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

Application for Hangar Insurance (property “excluding all aircraft”)

Insurance for
Things That Move.™

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 |