



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 Non-Owned Aircraft Insurance

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

Legal Name & Mailing Address

Risk Address (if different than above)

New Policy

Renewal Policy

Years in Business

No of Employees

Payroll

No. of Offices

Public / Private

Contact Name _____

Phone _____

Fax _____

E-Mail _____

Website _____

Description of Type of Business

Section 2 – Non-Owned Aircraft Use

Purpose of charter

Expected Hours flown next year

Within Canada

Within USA

Other (please specify)

Type of aircraft used

Maximum seating capacity

Section 3 – Principal Operators

Principal Operators			
Operator Insurance Limits			
Do you require operators to provide certificate of insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you added as an Additional Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section 4 – Pilot Information

Number of pilots on staff employed as a corporate pilot				Number of employees that fly their own or rental aircraft				
Details of Pilots								
Name	Age	Total Time	Time on Type	Time M/E	Time Floats	Time Rotory	Annual hours on company business	Accidents / Violations

Section 5 – Coverage Requirements

Coverage	Limit Required	Coverage	Limit Required
Non-Owned Liability		Non-Owned Hull	

Section 6 – Insurance and Loss History

Current Insurer		Has insurance ever been cancelled or declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy renewal date		Limit of Liability	
Please describe any accidents, claims or violations that the Applicant or pilots have had in the last 5 years			

Section 7– Applicants 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