CAIM	ALL CLEAR AIRCE	RAFT INS	URANCE	APPLICA'	TION			
Applicant's Name and Postal Address	You Are: Individual Corporation Partnership Other, explain							
	Your business is							
	Your present aircraft insurance company is							
	Policy exp	Policy expires						
Aircraft Information		SELACINE						
Year Make and Model			DOTE	Reg.				
Capacity	Normal Airworthiness	Category	Aircraft is a la					
Pass. Crew	Yes No	outogory			scribe)			
It is usually hangared Yes ☐ No ☐	Aircraft is usually base	ed at						
Engine Hours Since Last Major Overhaul (or new if applicable)	Is engine being operat	ited on condition?						
Purchase Date Purchase Price (with equipment) Current Value \$								
				E	Explain yes ansv	vers		
1) Will there be any charge made for the use	of the aircraft?	Yes	☐ No ☐					
2) Will the aircraft be used for anything other	than transporting people	? Yes	☐ No ☐					
3) Will the aircraft be used any place other the	nan at paved runway airp	orts? Yes	□ No □					
Will the aircraft be used outside Canada of	or USA?	Yes						
5) Do you own any other aircraft?		Yes	П №П	į:				
6) Will the aircraft be used for student or pilo	t instruction?	Yes	□ No □					
Name of Instructor		ght School						
Pilot Information - (we require information on	every pilot who will operate t	the aircraft. If	there are more	than two, attac	h a separate sh	eet)		
Pilot No. 1								
Name	Birthdate M D Y	Occupat	ion		Year learned	to fly		
OT Pilot Licence: Stu. Pvt. Co	m'i 🗆 SR Com'i 🗆 A	TP [Other -		Licence No.	Issue Dat		
atings: SEL MEL SE			Other –		LICCITICE IVO.	133uc Du		
Flying Experience				301 428				
All Aircraft	This M	lake and Mo		S	/E Retrac. Ge			
Total Hrs Last 12 Mo. Last 90 D	ays Total Hrs				Hrs La	st 90 Days		
Multi Engine Floa Total Hrs Last 90 Days Total Hrs	t Planes Last 90 Days Total	Amphil al Hrs I	oians _ast 90 Days	Jet Civi	lian Last 10 Y Turbo prop	ears Prop.		
Pilot No. 1								
			Explain yes answer	s. Additional spa	ace available on ba	ack of page.		
 As pilot, any accidents, any citations for a 	air regu-	_						

			IVI	D	ī						
DOT Pilot Lice	nce: Stu.	Pvt. Con	n'I. \square	SR. Com'	. П А	TP	Г	Other -		Licence No.	Issue Date
Ratings:	☐ SEL ☐	MEL SES		Instrumen		otocraft		Other -			
Flying Exper	ience										
All Aircraft				This Make and Model				S/E Retrac. Gear			
Total Hrs	Last 12 Mo.	Last 90 Da	ys	Total	Hrs		La	st 90 Days	Total	Hrs I	ast 90 Days
Multi	Multi Engine Float Pl			es Amphibians			oians	Civilian Last 10 Years			
Total Hrs	Last 90 Days	Total Hrs	Las	t 90 Days	Tota	l Hrs	1	Last 90 Days	Jet	Turbo prop	Prop.
Pilot No. 1			100		THE REAL PROPERTY.						
lations vices. 2) Any physon Medices. 3) Any felon arising out. 4) Any arrest lessly or a selection. 5) Will anyon above, use.	any accidents, an olations or licence ical impairments al Certificate? by convictions or licent of operation of sts for operation of under influence or ne, other than you se your aircraft?	e limitations? or limitations or icence suspens a motor vehicle of a motor vehicle f alcohol or drug u or the pilots si	ions ? le reck gs? hown	Yes Yes Yes Yes Yes		lo		Explain yes answers.	Additional sp	pace available on	back of page.
Pilot No. 2	THE RESERVE OF THE PARTY OF THE		Dietholo	de la company		000	Ai			Veer learne	d to fly
Name			Birthda M	D	Υ	Occu	ipati	Off		Year learne	u to fly
DOT Pilot Licer	nce: Stu.	Pvt. Com		SR. Com'l	. 🗆 A1	ΓP		Other -		Licence No.	Issue Date
Ratings: SEL MEL SES Instrument Rotocraft Other –											

Flying Expe	rience	李·李·尔·吉/安/曾拉答·Jos.	BEET COMMEN						
Total Hrs	All Aircraft Last 12 Mo.	Last 90 Days	Total	This Make and Hrs	Model Last 90 Days	Tota	S/E Retrac. Ge I Hrs La	ar st 90 Days	
Multi Total Hrs	Engine Last 90 Days	Float Pla Total Hrs	nes Last 90 Days	Am Total Hrs	phibians Last 90 Days	Civ Jet	vilian Last 10 Y Turbo prop	ears Prop.	
Pilot No. 2									
6) As pilot, lations vi 7) Any physical on Medical 8) Any felorical arising of 9) Any arrelessly or 10) Will anyon	any accidents, any iolations or licence sical impairments of cal Certificate?	limitations? or limitations or W cence suspension a motor vehicle? f a motor vehicle r alcohol or drugs? u or the pilots show	Yes aivers Yes S Yes S Yes eck-Yes Yes	□ No □ □ No □	Explain yes answers			ack of page.	
		- Yes No	List below n	ame and address	esses of: Co-owner	(s) Mor	tgage(s)□ Le	essor(s)	
	y lien or loan, excl nholder require lier				ty)? Yes	No [1		
Coverage (in	dicate the covera	ges desired)	insulance (Bre		of Coverage	140			
	ability Coverage for and property damage		\$		Each Occurre	nce			
Combined Lia	ability Coverage for	r bodily injury					Salar Sa		
Liability Cove	ssengers) and prop rage for bodily inju		\$		Each Occurre	rice			
anyone but pa	assengers rage for bodily inju	rv to	\$		Each Person	\$	Each (Occurrence	
passengers of Liability Cove	nly rage for property d		\$		Each Person Each Occurre	s nce \$	Each (Occurrence	
Medical Cove	cal		\$		Each Person	d d cotto	\$		
Damage Covered Has any other		declined, or refu		motion deducti	rance for you or one	deductible of your pi		№ П	
Additional sp	pace for Yes answ	vers (Use addition	nal sheet if req	uired)					
I/we authorize the following agent/broker to represent me/us in the placing of this insurance: Name and address of agent/broker:									
We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until Managers of the CAIM effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by the Canadian Aviation insurance Group, the full amount of premium becomes immediately due and payable. I/We authorize the Canadian Aviation Insurance Managers Ltd. to investigate all or any qualifications or statements contained herein.									
Signature of Ap	plicant or Authoriz	ed Representative	e			D	ate		
CAIM Canadian Av	iation Insurance	• Managers		TORON	то				