

# GLOBAL AEROSPACE



GLOBAL AEROSPACE UNDERWRITING MANAGERS (CANADA) LIMITED

Application  
for  
General Liability  
Coverage

## **Instructions**

**Please read carefully**

This application form deals with all areas of operations that may require this type of coverage. Depending on your type of operation, certain sections of the application do **NOT** need to be completed.

**To be completed by all Applicants**

• Section 1	General Information	Page 1 & 2
• Section 8	Declarations and Coverages	Page 11

Depending on how you completed question 5 of Section 1, General Information, you should then continue completing the application form as it applies to your operation. We recommend that you review each section of this application form, regardless of whether you feel you are involved in that section. After reviewing a section, you may consider that you do have an exposure.

• Section 2	Hangerkeepers Coverage	Page 3
• Section 3	Products Coverage	Page 4
• Section 4	Airport/Heliport Coverage	Page 5
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• Section 6(b)	Fuelling Coverage	Page 8
• Section 7	Manufacturing Coverage	Pages 9 & 10

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**Once you have completed this application:**

- Please review all applicable sections and make sure they have been fully completed.
- Please attach all agreements you have entered into.
- Attach any other pertinent information to describe the risk.
- Tear off only the applicable sections of this application form and return to your Broker so that the Broker may obtain a quotation from Global Aerospace Underwriting Managers (Canada) Limited (Global Aerospace).

<b>General Information</b> <b>To be completed by all Applicants</b>
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**Section 1**      **This section outlines the type of business, the location of the business and basic exposures of your premises/locations.**

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  

Street
City
Province
Postal Code
3. Do you currently have this type of insurance: Yes    No  

[   ]   [   ]

If Yes, please provide:

(a) Renewal date: \_\_\_\_\_

(b) Current Insurance Company: \_\_\_\_\_

If No, have you ever carried this Insurance before: [   ]   [   ]
4. Applicant is: Individual [   ]   Partnership [   ]   Corporation [   ]   Municipality [   ]
5. Business of Applicant: *(mark each category that applies to you)*

(a) airport operator [   ]	(h) refueller [   ]
(b) commercial air service [   ]	(i) ramp service [   ]
(c) flying school/flying club [   ]	(j) aircraft cleaning [   ]
(d) aircraft maintenance [   ]	(k) independent contractor [   ]
(e) aircraft engine overhaul [   ]	(l) manufacturer [   ]
(f) aircraft propeller overhaul [   ]	(m) other, describe _____
(g) aircraft/parts sales or distribution [   ]	_____
6. Applicant is: *(mark each category that applies to you)*

(a) airport owner [   ]	(e) operator of ticket counter [   ]
(b) airport lessee [   ]	(f) off airport [   ]
(c) hangar owner [   ]	(g) other, describe _____
(d) lessee/tenant of hangar or office space [   ]	_____
	_____
	_____
7. If hangar owner, are you the sole occupant: Yes    No  

[   ]   [   ]
8. Provide details of the hangar(s) you own or occupy. *Note: if you have other aircraft in your care, custody or control you must complete Section 2 of this application.*

(a) Details of hangar:

Age	Size	Construction	Heating	Sprinklered
				Yes    No
1. _____				[   ]   [   ]
2. _____				[   ]   [   ]

(b) Occupants of hangar:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
9. How long has applicant been in business: \_\_\_\_\_

## General Information continued

10. Number of Aviation employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
11. List all *Airport* locations:  
Principal Location \_\_\_\_\_ Premises Occupied \_\_\_\_\_  
Additional Locations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. List *off Airport* locations:  
Principal Location \_\_\_\_\_ Premises Occupied \_\_\_\_\_  
Additional Locations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. List equipment operated airside: *insert the **number** of vehicles for each applicable category:*  
snow removal \_\_\_\_\_ de-icing trucks \_\_\_\_\_ escort vehicles \_\_\_\_\_  
grass cutting \_\_\_\_\_ fuel trucks \_\_\_\_\_ catering vehicles \_\_\_\_\_  
maintenance vehicles \_\_\_\_\_ passenger vehicles \_\_\_\_\_ cargo/baggage vehicles \_\_\_\_\_  
contractors \_\_\_\_\_ courier vehicles \_\_\_\_\_ other vehicles, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Do you anticipate any construction work on your property in the next 12 months: Yes No  
[ ] [ ]  
If Yes, then provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Has the Applicant entered into any written agreement whereby either the applicant holds harmless and indemnifies others **or** is held harmless and indemnified by others: Yes No  
[ ] [ ]  
If Yes, *provide copy of the agreement:*
16. List all claims for the past 5 years including incidents which could result in a claim:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Hangarkeepers Coverage

**Section 2**      **This section should be completed if you in any way store or have aircraft that you do NOT own but are in your care, custody or control.**

1. Details of any hangar you own or occupy:
- | Age      | Size  | Construction | Heating | Sprinklered |
|----------|-------|--------------|---------|-------------|
|          |       |              |         | Yes      No |
| 1. _____ | _____ | _____        | _____   | [ ]    [ ]  |
| 2. _____ | _____ | _____        | _____   | [ ]    [ ]  |
| 3. _____ | _____ | _____        | _____   | [ ]    [ ]  |

2. Are you the sole occupant of the hangar(s): Yes    No  
[ ]    [ ]
- If No, advise other occupants:
- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

3. Hangared Aircraft:
- Number of third party aircraft usually hangared (state number): \_\_\_\_\_
- |                           | AVERAGE  | MAXIMUM  |
|---------------------------|----------|----------|
| Value of any one aircraft | \$ _____ | \$ _____ |
| Value of all aircraft     | \$ _____ | \$ _____ |

4. Aircraft tied down:
- Number of third party aircraft usually tied down (state number): \_\_\_\_\_
- |                           | AVERAGE  | MAXIMUM  |
|---------------------------|----------|----------|
| Value of any one aircraft | \$ _____ | \$ _____ |
| Value of all aircraft     | \$ _____ | \$ _____ |

5. Are aircraft of others towed or moved: Yes    No  
[ ]    [ ]

6. Describe fire protection facilities:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**Products Coverage**  
(excluding Manufacturers)

**Section 3**      **This section should be completed if you work on third party aircraft or sell aircraft or parts.**

1. Gross Receipts of Applicant:

	Past 12 months	Estimated next 12 months
Labour from routine maintenance .....	\$ .....	\$ .....
Labour from airframe repair/overhaul .....	\$ .....	\$ .....
Labour from engine repair/overhaul .....	\$ .....	\$ .....
Labour from propeller repair/overhaul .....	\$ .....	\$ .....
Labour from avionics repair/overhaul .....	\$ .....	\$ .....
All parts installed .....	\$ .....	\$ .....
New parts not installed .....	\$ .....	\$ .....
Used parts not installed .....	\$ .....	\$ .....
Avionics sales not installed .....	\$ .....	\$ .....
Painting operations .....	\$ .....	\$ .....
New aircraft sales .....	\$ .....	\$ .....
Used aircraft sales .....	\$ .....	\$ .....
Fuel and Lubricants .....	\$ .....	\$ .....
Other .....	\$ .....	\$ .....
Describe .....		

2. Describe types of aircraft usually worked upon:

	Yes	No
Single engine piston	[ ]	[ ]
Twin engine piston	[ ]	[ ]
Turbine	[ ]	[ ]
Small jet	[ ]	[ ]
Large jet	[ ]	[ ]
Floatplanes	[ ]	[ ]
Helicopters	[ ]	[ ]

3. Percentage of Fixed Wing Gross Receipts: \_\_\_\_\_ %  
 Percentage of Rotary Wing Gross Receipts: \_\_\_\_\_ %

4. Details of principal Engineers:

Name	Type of Licence	Total years of experience	Years employed by applicant	Any claims	
				Yes	No
1. ....				[ ]	[ ]
2. ....				[ ]	[ ]
3. ....				[ ]	[ ]
4. ....				[ ]	[ ]
5. ....				[ ]	[ ]

5. If Yes to claims in 4 above, please advise details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Airport/Heliport Coverage</b>
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**Section 4      To be completed by Airport owners, if you lease an airport, or if you are responsible for an airport.**

1. Description of Airport:

Runway	Construction	Length		Width
1. _____				
2. _____				
3. _____				
  
2. Is the airport fenced: Yes      No  
[   ]   [   ]
3. Is there an Airport Manager: [   ]   [   ]  
If Yes, then who employs the Manager: \_\_\_\_\_
4. Is there a fire station located at the airport: [   ]   [   ]  
If No, then how far from the airport \_\_\_\_\_
5. What emergency equipment is located at the airport: \_\_\_\_\_  
\_\_\_\_\_
6. Does Applicant maintain an air crash emergency plan: [   ]   [   ]
7. Is the airport used at night: [   ]   [   ]
8. Is the airport operational during the winter months: [   ]   [   ]
9. If Yes to 8, do you provide snow clearing maintenance: [   ]   [   ]  
If No to 8, who does: \_\_\_\_\_  
Do you insist that this contractor carry insurance: [   ]   [   ]
10. Do you provide grass cutting and general maintenance of the airport: [   ]   [   ]  
If No to 10, who does: \_\_\_\_\_  
Do you insist that this contractor carry insurance: [   ]   [   ]
11. Air traffic is: [   ]   [   ]  

controlled by tower

handled by unicom

uncontrolled

[   ]   [   ]
12. Number of aircraft based at the airport: \_\_\_\_\_
13. Largest aircraft regularly using the airport: \_\_\_\_\_
14. Types of Scheduled aircraft using the airport:

Operator	Aircraft	Frequency
1. _____		
2. _____		
3. _____		
15. Number of annual aircraft movements:

Scheduled Operators _____	
General Aviation _____	
16. Does Applicant host or sponsor any airshow: [   ]   [   ]  
If Yes, please request your broker to obtain a separate application form if coverage is required.

<b>Contractors Coverage</b>
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**Section 5**      **This section should be completed by Applicants that have specific contracts at airports which do NOT directly involve aircraft.**

1. Type of contract:

	Yes	No	Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
(a) Snow removal	[ ]	[ ]	\$ _____	\$ _____
(b) Grass cutting	[ ]	[ ]	\$ _____	\$ _____
(c) Runway or taxiway construction/repair/re-surfacing	[ ]	[ ]	\$ _____	\$ _____
(d) Building construction/alteration	[ ]	[ ]	\$ _____	\$ _____
(e) Fuel deliveries (not to aircraft)	[ ]	[ ]	\$ _____	\$ _____
(f) Cargo/courier warehouse pick-up	[ ]	[ ]	\$ _____	\$ _____
(g) Escort vehicles	[ ]	[ ]	\$ _____	\$ _____
(h) Electrical work	[ ]	[ ]	\$ _____	\$ _____
(i) Other	[ ]	[ ]	\$ _____	\$ _____

2. Describe contract fully (areas cleared of snow, precise location of work, where pick-ups or deliveries are made, frequency of visits, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How many years experience does the Applicant have providing this type of airport service: \_\_\_\_\_ years

4. Is the work performed on an annual basis:

Yes      No  
[ ]      [ ]

If No, please advise the short term period:

\_\_\_\_\_ months

5. Does the contract require a specific period for completed operations cover:

[ ]      [ ]

If Yes, please advise the period:

\_\_\_\_\_ months

6. Do you subcontract part of the contract:

[ ]      [ ]

If Yes, are the subcontractors required to be protected by the Applicant:

[ ]      [ ]

If No, do you require the subcontractors to carry their own insurance:

[ ]      [ ]

7. What safety precautions are taken during the work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. When will the work be performed:

Yes      No

Entirely during airport operational hours

[ ]      [ ]

Partly during airport operational hours

[ ]      [ ]

Not during airport operational hours

[ ]      [ ]



<b>Ramp Services Coverage</b>
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**Section 6(a)**    This section should be completed if you provide any services to third party aircraft for preparation of a flight.

1.    Type of contract:

	Yes	No	Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
Loading/unloading of passenger baggage	[   ]	[   ]	\$ _____	\$ _____
Loading/unloading of cargo	[   ]	[   ]	\$ _____	\$ _____
Marshalling	[   ]	[   ]	\$ _____	\$ _____
De-icing	[   ]	[   ]	\$ _____	\$ _____
Towing	[   ]	[   ]	\$ _____	\$ _____
Power starts	[   ]	[   ]	\$ _____	\$ _____
Fuelling ( <i>complete section 6(b)</i> )	[   ]	[   ]	\$ _____	\$ _____
Other (describe below)	[   ]	[   ]	\$ _____	\$ _____

2.    Advise frequency of services:

Piston/Turbo Prop Aircraft

Jet Aircraft

\_\_\_\_\_ weekly

\_\_\_\_\_ weekly

3.    Types of aircraft serviced:

Piston/Turbo Prop Aircraft

Jet Aircraft

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.    List the principal aircraft operators serviced:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

5.    How many years of experience does the Applicant have providing this type of aviation service:

\_\_\_\_\_ years

# **Fuelling Coverage**

## **Section 6(b) This section is to be completed if you provide fuel to third party aircraft.**

1. The Applicant fuels by:
 

	Yes	No	
Fuel Truck	[ ]	[ ]	
Gas Pump	[ ]	[ ]	
Other means	[ ]	[ ]	
  
2. Are fuel tanks:
 

	Yes	No	
Above ground	[ ]	[ ]	
Below ground	[ ]	[ ]	
  
3. Type of fuel:
 

	Yes	No	
Av Gas	[ ]	[ ]	
Jet Fuel	[ ]	[ ]	
  
4. Types of aircraft usually fuelled:
 

	Yes	No	
Pistons	[ ]	[ ]	
Turbines	[ ]	[ ]	
Small Jets	[ ]	[ ]	
Large Jets	[ ]	[ ]	
  
5. Annual Sales:
 

		<u>Past 12 months</u>	
	Gross Receipts		Litres Pumped
Av Gas	\$ _____		_____
Jet Fuel	\$ _____		_____
		<u>Next 12 months</u>	
	Gross Receipts		Litres Pumped
Av Gas	\$ _____		_____
Jet Fuel	\$ _____		_____
  
6. List the principal customers:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  
7. Is fuelling of an aircraft always performed by your employees:
 

	Yes	No
	[ ]	[ ]
8. Are you responsible for fuel testing and quality assurance:
 

	Yes	No
	[ ]	[ ]

 If No, who is \_\_\_\_\_
9. Is there any training program in fuel handling and aircraft fuelling procedures:
 

	Yes	No
	[ ]	[ ]
10. Is there a fire station located at the airport:
 

	Yes	No
	[ ]	[ ]

 If No, then how far from the airport \_\_\_\_\_  
 What emergency equipment is located at the airport: \_\_\_\_\_  
 \_\_\_\_\_
  
11. How many years of experience does the Applicant have providing this type of aviation service: \_\_\_\_\_ years

**Manufacturers  
Coverage**

**Section 7**      **This section is to be completed if you manufacture any items relating to the Aviation industry.**

1. Describe all products manufactured:

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2. Gross Receipts of Applicant:

	Past 12 months	Estimated next 12 months
General Aviation Fixed Wing.....	\$ .....	\$ .....
General Aviation Helicopters.....	\$ .....	\$ .....
Commuter Airlines.....	\$ .....	\$ .....
Major Airlines.....	\$ .....	\$ .....
Military Aircraft.....	\$ .....	\$ .....
Spacecraft/Satellites.....	\$ .....	\$ .....
Other (describe below.....)	\$ .....	\$ .....
(ie. Homebuilts, Ultralights, Gyrocopters, Gliders, Balloons)		

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3. Is a brochure of the Applicant issued: Yes      No  
[   ]    [   ]  
If Yes, *please provide a copy.*

4. *Attach copies of any warranties provided.*

5. Describe quality control procedures of Applicant or Applicant's external manufacturers:

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6. State current principal customers and percentage of sales for each:

	Customer	Country located	Percentage
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....
6.	.....	.....	.....

## Manufacturers continued

7. List any discontinued products for which coverage is required:

Product

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

8. What portion of the products are manufactured or assembled by outside companies or manufactured by the Applicant to the specifications of others?

Product

Manufactured/assembled by an  
outside company (state company)

Manufactured by Applicant to the  
specification of others (state company)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

9. Describe the potential hazards of all products:

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10. Has any product ever been subject to any recall by the Applicant or others, or subject to any Airworthiness Directive:

Yes No

[ ] [ ]

If Yes, please provide details:

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11. How many years of experience does the Applicant have manufacturing aviation products:

\_\_\_\_\_ years

12. List all claims for the past 10 years including incidents which could result in a claim:

Date of Loss

Description

Amount

Insurer (if applicable)

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**Declaration and Coverages**  
**To be completed by all Applicants**

**Section 8**      This section outlines the coverages you require and confirms to us the statements you have made in this application as being correct.

- |  | Yes                        | No                           |
|--|----------------------------|------------------------------|
| 1. Are there any further details or comments the Applicant would like to state to describe the operation:  | [ ]                        | [ ]                          |
| If Yes, please provide details: _____  |                            |                              |
| _____  |                            |                              |
| _____  |                            |                              |
| 2. The Coverages required for quotation purposes are as follows:   |                            |                              |
| <b>Coverages</b>   | <b>Limit Each Aircraft</b> | <b>Limit Each Occurrence</b> |
| (a) Airport or Premises Property and Operations  |                            | \$ _____                     |
| <i>Extension for Tenants Legal Liability</i>   |                            | \$ _____                     |
| (b) Hangarkeepers Liability  | \$ _____                   | \$ _____                     |
| (c) Products or Manufacturing Coverage   |                            | \$ _____                     |
| (d) Contractors Coverage (combines (a) and (c))  |                            | \$ _____                     |
| (e) Fuelling (combines (a), (b) and (c))   |                            | \$ _____                     |
| <i>An annual aggregate limit applies to (c)</i>  |                            |                              |
| 3. Has any insurer ever cancelled, declined or refused to renew this type of insurance:  | [ ]                        | [ ]                          |
| If Yes, please provide details: _____  |                            |                              |
| _____  |                            |                              |
| 4. I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of any contract between myself and Global Aerospace. |                            |                              |
| 5. This Application does not commit Global Aerospace to any liability and does not make the Applicant liable for any premium unless and until Global Aerospace agrees in writing the coverage has been bound.  |                            |                              |

Name of Broker: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Dated: \_\_\_\_\_

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Please tear off from this application form, the applicable sections that you have completed and return them along with any other brochures or agreements to your broker so that they may obtain a quotation from Global Aerospace.

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