



Aircraft Application Form

Allianz Global Corporate & Specialty®
Allianz Global Risks US Insurance Company
130 Adelaide Street West Suite 1600
Toronto, ON M5H 3P5
Fax 416-849-4555

Name of Insured: _____

Address: _____

Telephone number _____ Fax number _____ Email address _____

Business or occupation of Insured: _____

Current Insurer: _____ Expiry Date: _____

Aircraft Details:

Aircraft Registration _____ Year Make and Model _____

Passenger Seats (excluding pilot seat) _____

Value Wheels \$ _____ Skis \$ _____ Floats \$ _____ Amphibian \$ _____

If aircraft is operated on one or more of these configurations a value must be stated for each configuration

Aircraft is usually based at _____ Hangared Tied Down Moored

Use of Aircraft: Pleasure & Business Rental Instruction Other Uses _____

Pilots:	Pilot 1	Pilot 2	Pilot 3	Pilot 4
Name	_____	_____	_____	_____
Age	_____	_____	_____	_____
Total flying time	_____	_____	_____	_____
Total flying time last 12 months	_____	_____	_____	_____
Total time on aircraft stated above	_____	_____	_____	_____
Total time on Floats	_____	_____	_____	_____
Total time taildragger	_____	_____	_____	_____
Total multi engine PIC time	_____	_____	_____	_____
Total retractable time	_____	_____	_____	_____
License Type & Number	_____	_____	_____	_____
Endorsements to license	_____	_____	_____	_____

Accidents / Violations in the last 5 years
- explain _____

Coverages Required:

Hull - All Risks Flight and Ground _____ All Risks Ground Excluding Taxying _____

Liability _____ \$1,000,000 BI/PD (Bodily Injury excluding passengers) Property Damage.
_____ \$1,000,000 BI/PD Excluding passengers PLUS \$100,000 Passenger Legal Liability (PLL).
_____ \$1,000,000 BI/PD/PLL (no passenger sub limit)
Other Limits (State Limit required) _____

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/we agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Allianz Global Risks US Insurance Company may investigate any qualifications or statements contained above, through any source including through the Privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by Allianz Global Risks US Insurance Company in writing.

Date _____ Applicant's Signature _____

Brokers Name _____ Phone Number _____ Fax Number _____