

|                                     |  |
|-------------------------------------|--|
| Applicant's Name and Postal Address | You Are:<br><input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Other, explain |
|                                     | Your business is   |
|                                     | Your present aircraft insurance company is   |
|                                     | Policy expires   |

| Aircraft Information   |  |  |       |
|--|--|--|-------|
| Year   | Make and Model   | DOT Reg.   |       |
| Capacity<br>Pass.                      Crew  | Normal Airworthiness Category<br>Yes <input type="checkbox"/> No <input type="checkbox"/>          | Aircraft is a landplane<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (describe) |       |
| It is usually hangared<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Aircraft is usually based at   |  |       |
| Engine Hours Since Last Major Overhaul<br>(or new if applicable)                   | Is engine being operated on condition?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |       |
| Purchase Date  | Purchase Price (with equipment)<br>\$  | Current Value<br>\$  |       |
| Explain yes answers  |  |  |       |
| 1) Will there be any charge made for the use of the aircraft?                      | Yes <input type="checkbox"/>   | No <input type="checkbox"/>  | _____ |
| 2) Will the aircraft be used for anything other than transporting people?          | Yes <input type="checkbox"/>   | No <input type="checkbox"/>  | _____ |
| 3) Will the aircraft be used any place other than at paved runway airports?        | Yes <input type="checkbox"/>   | No <input type="checkbox"/>  | _____ |
| 4) Will the aircraft be used outside Canada or USA?                                | Yes <input type="checkbox"/>   | No <input type="checkbox"/>  | _____ |
| 5) Do you own any other aircraft?  | Yes <input type="checkbox"/>   | No <input type="checkbox"/>  | _____ |
| 6) Will the aircraft be used for student or pilot instruction?                     | Yes <input type="checkbox"/>   | No <input type="checkbox"/>  | _____ |
| Name of Instructor   |  | Flight School  |       |

**Pilot Information** - (we require information on every pilot who will operate the aircraft. If there are more than two, attach a separate sheet)

| Pilot No. 1  |             |            |                     |
|--|-------------|------------|---------------------|
| Name   | Birthdate   | Occupation | Year learned to fly |
|  | M    D    Y |            |                     |
| DOT Pilot Licence: <input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. <input type="checkbox"/> Com'l. <input type="checkbox"/> SR. Com'l. <input type="checkbox"/> ATP <input type="checkbox"/> Other - |             |            | Licence No.         |
| Ratings: <input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> SES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotocraft <input type="checkbox"/> Other -          |             |            | Issue Date          |

| Flying Experience |              |                     |              |                |              |                        |                     |
|-------------------|--------------|---------------------|--------------|----------------|--------------|------------------------|---------------------|
| All Aircraft      |              | This Make and Model |              | S/E Retr. Gear |              |                        |                     |
| Total Hrs         | Last 12 Mo.  | Last 90 Days        | Total Hrs    | Last 90 Days   | Total Hrs    | Last 90 Days           |                     |
| Multi Engine      |              | Float Planes        |              | Amphibians     |              | Civilian Last 10 Years |                     |
| Total Hrs         | Last 90 Days | Total Hrs           | Last 90 Days | Total Hrs      | Last 90 Days | Jet                    | Turbo prop    Prop. |

| Pilot No. 1  |                              |                             |       |
|--|------------------------------|-----------------------------|-------|
| Explain yes answers. Additional space available on back of page.                                       |                              |                             |       |
| 1) As pilot, any accidents, any citations for air regulations violations or licence limitations? ..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| 2) Any physical impairments or limitations or Waivers on Medical Certificate? .....                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| 3) Any felony convictions or licence suspensions arising out of operation of a motor vehicle? .....    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| 4) Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs? ... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |
| 5) Will anyone, other than you or the pilots shown above, use your aircraft? .....                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | _____ |

| Pilot No. 2  |             |            |                     |
|--|-------------|------------|---------------------|
| Name   | Birthdate   | Occupation | Year learned to fly |
|  | M    D    Y |            |                     |
| DOT Pilot Licence: <input type="checkbox"/> Stu. <input type="checkbox"/> Pvt. <input type="checkbox"/> Com'l. <input type="checkbox"/> SR. Com'l. <input type="checkbox"/> ATP <input type="checkbox"/> Other - |             |            | Licence No.         |
| Ratings: <input type="checkbox"/> SEL <input type="checkbox"/> MEL <input type="checkbox"/> SES <input type="checkbox"/> Instrument <input type="checkbox"/> Rotocraft <input type="checkbox"/> Other -          |             |            | Issue Date          |



| Flying Experience  |   |              |                     |              |                              |                             |            |              |  |
|--|---|--------------|---------------------|--------------|------------------------------|-----------------------------|------------|--------------|--|
| All Aircraft   |   |              | This Make and Model |              |                              | S/E Retractable Gear        |            |              |  |
| Total Hrs  | Last 12 Mo.   | Last 90 Days | Total Hrs           | Last 90 Days | Total Hrs                    | Last 90 Days                | Total Hrs  | Last 90 Days |  |
| Multi Engine   |   | Float Planes |                     | Amphibians   |                              | Civilian Last 10 Years      |            |              |  |
| Total Hrs  | Last 90 Days  | Total Hrs    | Last 90 Days        | Total Hrs    | Last 90 Days                 | Jet                         | Turbo prop | Prop.        |  |
| <b>Pilot No. 2</b>   |   |              |                     |              |                              |                             |            |              |  |
| Explain yes answers. Additional space available on back of page. |   |              |                     |              |                              |                             |            |              |  |
| 6)   | As pilot, any accidents, any citations for air regulations violations or licence limitations? ..... |              |                     |              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |              |  |
| 7)   | Any physical impairments or limitations or Waivers on Medical Certificate? .....                    |              |                     |              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |              |  |
| 8)   | Any felony convictions or licence suspensions arising out of operation of a motor vehicle? .....    |              |                     |              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |              |  |
| 9)   | Any arrests for operation of a motor vehicle recklessly or under influence of alcohol or drugs? ... |              |                     |              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |              |  |
| 10)  | Will anyone, other than you or the pilots shown above, use your aircraft? .....                     |              |                     |              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |            |              |  |

| Aircraft Ownership  |    |                          |                                  |
|---|----|--------------------------|----------------------------------|
| I/We Own the aircraft by myself - Yes <input type="checkbox"/> No <input type="checkbox"/> List below name and addresses of: Co-owner(s) <input type="checkbox"/> Mortgage(s) <input type="checkbox"/> Lessor(s) <input type="checkbox"/> |    |                          |                                  |
| Names   |    | Addresses                |                                  |
|   |    |                          |                                  |
|   |    |                          |                                  |
| Amount of any lien or loan, excluding interest and/or finance charges — \$  |    |                          |                                  |
| Does your lienholder require lienholder's interest insurance (Breach of Warranty)? Yes <input type="checkbox"/> No <input type="checkbox"/>   |    |                          |                                  |
| Coverage (indicate the coverages desired)   |    | Limits of Coverage       |                                  |
| Combined Liability Coverage for bodily injury and property damage   | \$ | Each Occurrence          |                                  |
| Combined Liability Coverage for bodily injury (except to passengers) and property damage)   | \$ | Each Occurrence          |                                  |
| Liability Coverage for bodily injury to anyone but passengers   | \$ | Each Person              | \$ Each Occurrence               |
| Liability Coverage for bodily injury to passengers only   | \$ | Each Person              | \$ Each Occurrence               |
| Liability Coverage for property damage  | \$ | Each Occurrence          | \$                               |
| Medical Coverage  | \$ | Each Person              |                                  |
| Aircraft Physical Damage Coverage   | \$ | Not in motion deductible | \$ In motion deductible \$ Limit |
| Has any other insurer cancelled, declined, or refused to write any aviation insurance for you or one of your pilots? Yes <input type="checkbox"/> No <input type="checkbox"/>   |    |                          |                                  |
| <b>Additional space for Yes answers (Use additional sheet if required)</b>  |    |                          |                                  |
|   |    |                          |                                  |
|   |    |                          |                                  |
|   |    |                          |                                  |
|   |    |                          |                                  |
|   |    |                          |                                  |

I/we authorize the following agent/broker to represent me/us in the placing of this insurance: Name and address of agent/broker:

I/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 Applicant or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**CAIM**  
Canadian Aviation Insurance Managers

**TORONTO**