

Commercial Application Form

A. **NAME:**

B. **ADDRESS:**

C. **PRINCIPALS** (with some background including how long employed in that position)

Owners:

President:

Chief Pilot:

Operations Manager:

Chief Engineer:

Others of Note:

D. **FACILITIES**

Bases:

Descriptions:

E. **OPERATIONS**

On the following page is a chart that is to be completed in full outlining the details of your operation. Please ensure that this is completed as accurately as possible. In addition:

How long have you been in operation?

Please advise any material points regarding your operation not described on the next sheet.

Do you advertise your operation in the United States?

Describe any operations you have involving flights into the United States.

F.

CHECKLIST (Put an "X" and "%" in the appropriate spot)	Regular	%	Rare if ever	Not Anticipated
Schedule Work. <i>Please provide details of all routes and frequency of flights. Attach schedules.</i>				
Charter Work				
Flying Club				
Total (the above categories must equal 100%)				

Charter Work *(breakdown this work by cargo and people listed below as a percentage to the total charter work you do).*

Cargo				
People <i>(state overall activity and then breakdown this by the a) & b) categories below).</i>				
a) Transportation of people in course of their work				
b) Sightseeing/Tourism (including guests to Lodges)				
i) Canadian Residents				
ii) US or Foreign Residents				

Specific Work

Survey				
Mining – Oil/Gas				
Power/Pipeline Patrol				
Air Ambulance				
Traffic Patrol				
Spraying – Agricultural				
Rental				
Training – Ab Initio				
– Advanced				
– Recurrent – Employees				
– Outsiders				

Specific Work

Forestry – Patrol				
– Logging				
– Shakes				
– Fire Bucket				
– Personnel Support				
Slung Cargo				
Heli Skiing				

H. **MISCELLANEOUS**

1. Proposed expansion or changes of note:

2. Other pertinent or information of interest:

3. Non-Owned Aircraft Liability:

(a) Annual Hours (if any) you used aircraft not owned and not insured by you _____

(b) Maximum number of seats in the aircraft _____

(c) Name of Operator _____

J. **LOSS & VIOLATION HISTORY**

Give a brief description of any accidents that you, your operation, or any of your pilots have had in the past 5 years, including date of loss, brief details involving accident, amount of loss:

Give a brief description of any violations that you, your operation, or any of your pilots have had in the past 5 years:

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 my contract between myself and Global Aerospace. This application does not commit Global Aerospace to any liability nor make the Applicant liable for any premium unless and until Global Aerospace agrees in writing that coverage has been bound.

Name of Broker _____ Signature of Applicant _____ Date _____

Phone Number _____ Fax Number _____



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