

## 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.

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

**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) &amp; 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				

G. **CURRENT PILOT ROSTER**

*N.B. Times shown may not be exact but best available by your records at this time.*

*\*\*Describe all accidents and violations. Use separate sheet if necessary.*

**FIXED WING EXPERIENCE**

Name	Age	Total Time	Total Floats	Total M/E	Time on Type	Aircraft to be flown	Total last 12 months	Accidents**

**ROTARY WING EXPERIENCE**

Name	Age	Total Time	Total Turbine	Time on Type	Aircraft to be flown	Last 30 Days	Total last 12 months	Accidents**

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 \_\_\_\_\_

## 1.

[illegible]

ARFG – All Risks Flight and Ground  
ARG – All Risks Ground

**SPARES:** (Parts & Equipment, Tools, Ground Handling, etc.):

- (a) Total value of all spares for coverage \$ \_\_\_\_\_
- (b) Maximum any one location \$ \_\_\_\_\_
- (c) Do you have your spares computerized? \_\_\_\_\_

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:



K. **GENERAL LIABILITY INFORMATION**

1. **Premises Liability**

- (a) Any locations to be noted other than your main base? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (b) Do you lease or own your main base? \_\_\_\_\_ Are you the sole occupant of the building? If not who else shares?  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Please give a description of your main base (age, size, heating, construction) \_\_\_\_\_
- (d) Limits required: \_\_\_\_\_

2. **Hangarkeepers Liability**

- (a) Do you regularly store or have in your care, aircraft owned by others? \_\_\_\_\_
- (b) If "Yes" to (a)
- |                               | Average  | Maximum  |
|-------------------------------|----------|----------|
| (a) Value of any one aircraft | \$ _____ | \$ _____ |
| (a) Value of all aircraft     | \$ _____ | \$ _____ |
- (c) Do you have any test flights to customer aircraft? \_\_\_\_\_  
If so, what is the maximum value of aircraft, and give type expected? \_\_\_\_\_
- (d) Do you obtain a waiver from the owner(s)? If so, attach copy of waiver sample. \_\_\_\_\_
- (e) Limits required: Any one aircraft \_\_\_\_\_ Any one occurrence \_\_\_\_\_

3. **Products Liability**

Indicate your gross receipts **from others** for any of the following expected in the next twelve months:

- (a)
- |                            |          |
|----------------------------|----------|
| Fuel and Oil Sales         | \$ _____ |
| Aircraft Parts Installed   | \$ _____ |
| Sold                       | \$ _____ |
| New Aircraft               | \$ _____ |
| Used Aircraft              | \$ _____ |
| Labour Running Maintenance | \$ _____ |
| Labour Repair & Overhaul   | \$ _____ |
- (b) Limits required: \_\_\_\_\_

**Complete Description on Page 8**

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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