



Non-Owned 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 _____ *Street* _____ *City* _____ *Province* _____ *Postal Code* _____
Fax number _____ Email address _____

Current Insurer: _____ **Expiry Date:** _____

Type of Business _____

Number of Offices _____ Number of employees _____

What reason do you have for this coverage:

Purpose _____ Types of aircraft used _____ Seating capacity _____

Operator and Primary Limits _____

Are you added as Additional Insured to the operators policy Yes No

How many hours do you expect to fly this year

In Canada _____ In United States _____

Elsewhere _____ If elsewhere state where; _____

Pilot Details

Do you have any pilots on staff employed as a corporate pilot Yes How many? No

Do you have any employees that fly their own aircraft on company business Yes No

Do you have any staff pilots or employees that rent aircraft for company business Yes No

If the answer is yes to the above question, please provide details.

Name	Age	Total Time	Total Single Engine	Total Multi Engine	Total Floats	Total Rotary Wing	Claims	Type of Pilot	
								Corporate Pilot	Employee owns aircraft

Claims History

Have you ever had a claim on this type of coverage, if so please provide details. _____

Coverages Required:

Liability Limits required Option 1 _____ Option 2 _____

Non-Owned Hull coverage Option 1 _____ Option 2 _____

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 Allianz Global Risks US Insurance Company.

Date _____ **Applicant's Signature** _____

Brokers Name _____ Phone Number _____ Fax Number _____