Global Aerospace Underwriting Managers (Canada) Limited
100 RENFREW DRIVE, SUITE 200, MARKHAM, ONTARIO L3R 9R6 TEL: (905) 479-2244 FAX: (905) 479-0751

Aviation Non Owned Liability and Hull Application Form

Name of Applicant(s):

Address:

Street City Province Postal Code

Type of Business:

Number of Offices:

Number of Employees:

Do you own any aircraft: Yes ☑ No ☐

If Yes, state make and model:

Do you have employees specifically employed as pilots: Yes ☑ No ☐

If Yes, please provide the qualifications of these pilots:

Name	Age	Single Engine	Multi Engine	Rotary Engine	Make & Model	Total Time

Do any of your other employees use their own fixed wing or rotary wing aircraft on company business: Yes ☐ No ☑

If Yes, please advice:

(a) Make and Model of Aircraft flown:

(b) Please provide the qualifications of these pilots:

Name	Age	Single Engine	Multi Engine	Rotary Engine	Make & Model	Total Time

Do you or your employees charter or rent fixed wing aircraft for company business: Yes ☑ No ☐

If Yes, please provide details:

(a) Purpose:

(b) Make and model of aircraft used:

(c) Seating Capacity (including crew) Average Maximum

(d) Approximate number of hours flown annually Chartered (other than your own pilot)

Rented (piloted by your employees or your pilots)

Do you, or your employee's charter or rent rotary wing aircraft for company business: Yes ☐ No ☑

If Yes, please provide details:

(a) Purpose:

(b) Make and model of aircraft used:

(c) Seating Capacity (including crew) Average Maximum

(d) Approximate number of hours flown annually Chartered (other than your own pilot)

Rented (piloted by your employees or your pilots)

Is there any flying done on your behalf by subcontractors or joint ventures: Yes ☐ No ☑

Do you assume any liability under contract: Yes ☐ No ☑

If Yes, please provide a copy of the contract(s):

Please provide the total aircraft utilization in hours:

Within Canada	Within the USA	Elsewhere	State where

Have you ever had a claim made against you for an aircraft you have chartered or rented: Yes ☐ No ☑

If Yes, please provide details:

Do you currently have this type of insurance: Yes ☐ No ☑

If Yes, please advice:

(a) Renewal Date:

(b) Current Insurance Company:

If No, have you ever carried this Insurance before: Yes ☐ No ☑

Has any Insurance Company declined or refused to renew this type of Insurance: Yes ☐ No ☑

If Yes, please provide details:

LIMITS OF LIABILITY

Please indicate limit of Liability coverage you require a quotation on:

- ☐ $1,000,000
- ☐ $2,000,000
- ☐ $5,000,000
- ☐ $10,000,000
- ☐ Other Limit $

Is coverage required for fixed wing aircraft only: Yes ☐ No ☑

Is coverage required for rotary wing aircraft: Yes ☐ No ☑

Is coverage required for passenger coverage: Yes ☐ No ☑

If Yes, please state the maximum number of passenger seats (including crew):

NON OWNED HULL COVERAGE

Do you require non owned hull coverage: Yes ☐ No ☑

If Yes, please provide:

(a) Maximum value of any aircraft:

(b) Principle operators you charter / rent from:

I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of the proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of any contract between myself and Global Aerospace.

This application does not commit Global Aerospace to any liability and does not 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: _____

Phone Number:

Facsimile Number:

Dated: _____

Submit

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