



# AIRSIDE LIABILITY INSURANCE PROPOSAL FORM

Please complete all Sections fully; if you require clarification or assistance in any area, please contact our office for guidance

1. Name of Applicant: .....

2. Mailing Address: .....

3. Do you currently have this type of insurance? Yes  No

If "yes", please provide: Renewal Date: .....

Current Insurance Company: .....

If "no", have you ever carried insurance before? Yes  No

4. Applicant is: Individual  Partnership  Company  Municipality

5. Business of Applicant:
- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| a) airport operator                     | <input type="checkbox"/> | h) refueller               | <input type="checkbox"/> |
| b) commercial air service               | <input type="checkbox"/> | i) ramp service            | <input type="checkbox"/> |
| c) flying school/flying club            | <input type="checkbox"/> | j) aircraft cleaning       | <input type="checkbox"/> |
| d) aircraft maintenance                 | <input type="checkbox"/> | k) independent contractor  | <input type="checkbox"/> |
| e) aircraft engine overhaul             | <input type="checkbox"/> | l) manufacturer            | <input type="checkbox"/> |
| f) aircraft propeller overhaul          | <input type="checkbox"/> | m) airside delivery driver | <input type="checkbox"/> |
| g) aircraft/parts sales or distribution | <input type="checkbox"/> | n) landscaper              | <input type="checkbox"/> |
|   |                          | o) other, please describe: | <input type="checkbox"/> |

6. Applicant is:
- |  |                          |                               |                          |
|--|--------------------------|-------------------------------|--------------------------|
| a) airport owner                           | <input type="checkbox"/> | e) operator or ticket counter | <input type="checkbox"/> |
| b) airport lessee                          | <input type="checkbox"/> | f) off airport                | <input type="checkbox"/> |
| c) hangar owner                            | <input type="checkbox"/> | g) other, please describe:    | <input type="checkbox"/> |
| d) lessee/tenant of hangar or office space | <input type="checkbox"/> |                               |                          |

7. If hangar owner, are you sole occupant? Yes  No



8. Provide details of the hangar(s) you own or occupy: *(note: if you have other aircraft in your care, custody or control, you must complete section 2 of this application)*

Details of hangar:

Age	Size	Construction	Heating	Sprinklered
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

Named the occupants of hangar:

- .....
- .....
- .....
- .....
- .....

9. How long has applicant been in business? .....

10. Number of Aviation employees: Full time: ..... Part time: .....

11. List all *Airport* Locations:

Principal Location: ..... Premises Occupied:.....

Additional Locations: .....

12. List all *off Airport* Locations:

Principal Location: ..... Premises Occupied: .....

Additional Locations: .....





13. List equipment operated airside: insert the **number** of vehicles for each applicable category:

Snow removal	.....	Deicing trucks	.....	Escort vehicles	.....
Grass cutting	.....	Fuel trucks	.....	Catering vehicles	.....
Maintenance vehicles	.....	Passenger vehicles	.....	Cargo/baggage vehicles	.....
Contractors	.....	Courier vehicles	.....	Other vehicles describe:	.....
					.....

14. Do you anticipate any construction work on your property in the next 12 months?

Yes  No

If yes, then please provide details: .....

15. Has the Applicant entered into any written agreement whereby either the applicant holds harmless and indemnifies others **or** is held harmless and indemnified by others:

Yes  No  *\*If yes, please provide copy of the agreement.*

16. List all claims for the past five years including incidents which could result in a claim:

.....  
.....





## HANGARKEEPERS COVERAGE

*Section 2 – This section should be completed if you in any way store of have aircraft that you do not own but are in your care, custody or control.*

Details of any hangar you own or occupy:

Age	Size	Construction	Heating	Sprinklered
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you the sole occupant of the hangar(s)? Yes  No

If "no", please advise other occupants:

.....

.....

Hangared Aircraft: .....

Number of third party aircraft usually hangared (state number): .....

	Average	Maximum
Value of any one aircraft	\$ .....	\$ .....
Value of all aircraft	\$ .....	\$ .....

Aircraft tied down: .....

Number of third party aircraft usually tied down (state number): .....

	Average	Maximum
Value of any one aircraft	\$ .....	\$ .....
Value of all aircraft	\$ .....	\$ .....

Are aircraft of others towed or moved: Yes  No

Describe fire protection facilities: .....





## PRODUCTS COVERAGE

**Section 3 – This section should be completed if you work on third party aircraft or sell aircraft parts.**

<b>Gross Receipts of Applicant:</b>	<b>Past 12 Months</b>	<b>Estimated Next 12 Months</b>
Labour from routine maintenance	\$ .....	\$ .....
Labour from airframe repair/overhaul	\$ .....	\$ .....
Labour from engine repair/overhaul	\$ .....	\$ .....
Labour from propeller repair/overhaul	\$ .....	\$ .....
Labour from avionics repair/overhaul	\$ .....	\$ .....
All parts installed	\$ .....	\$ .....
New parts not installed	\$ .....	\$ .....
Used parts not installed	\$ .....	\$ .....
Avionics sales not installed	\$ .....	\$ .....
Painting operations	\$ .....	\$ .....
New aircraft sales	\$ .....	\$ .....
Used aircraft sales	\$ .....	\$ .....
Fuel & lubricants	\$ .....	\$ .....
Others, describe: .....	\$ .....	\$ .....

Describe types of aircraft usually worked upon:

Single engine piston	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Large jet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Twin engine piston	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Floatplanes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Small jet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Helicopters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Turbine	Yes <input type="checkbox"/>	No <input type="checkbox"/>			





Percentage of Fixed Wing Gross Receipts: ..... %

Percentage of Rotary Wing Gross Receipts: ..... %

Details of principal engineers:

Name	Type of license	Total years of experience	Years employed by applicant	Any claims?
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
.....	.....	.....	.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "yes" to claims in 4 above, please advise details:

.....

.....





## MANUFACTURERS COVERAGE

**Section 4 – This section should be completed if you manufacture any items relating to the Aviation industry.**

Describe all products manufactured: .....

<b>Gross Receipts of Applicant:</b>	<b>Past 12 Months</b>	<b>Estimated Next 12 Months</b>
General Aviation Fixed Wing	\$ .....	\$ .....
General Aviation Helicopters	\$ .....	\$ .....
Commuter Airlines	\$ .....	\$ .....
Major Airlines	\$ .....	\$ .....
Military Aircraft	\$ .....	\$ .....
Spacecraft/Satellites	\$ .....	\$ .....
Others, describe (ie. Homebuilts, Ultralights, Gyrocopters etc.): .....	\$ .....	\$ .....

Is a brochure of the Applicant issued?                      Yes     No

*If “yes”, please attach copy. Attach copies of any warranties provided.*

Describe quality control procedures of Applicant or Applicant’s external manufacturers:  
.....

State current principal customers and percentage of sales for each:

<b>Customer</b>	<b>Country Located</b>	<b>Percentage</b>
1. ....	.....	..... %
2. ....	.....	..... %
3. ....	.....	..... %





List any discontinued products for which coverage is required:

1. ....
2. ....

What portion of the products are manufactured or assembled by outside companies or manufactured by the Applicant to the specifications of others:

Product	Manufactured/assembled by an outside company (state company)	Manufactured by Applicant to the specification or others (state company)
1. ....	.....	.....
2. ....	.....	.....

Describe the potential hazards of all products: .....

Has any product ever been subject to any recall by the Applicant or others, or subject to any Airworthiness Directive?

Yes  No

If "yes", please provide details: .....

How many years of experience does the Applicant have manufacturing aviation products:

.....

List all claims for the past 10 years including incidents which could result in a claim:

Date of Loss	Description	Amount	Insurer (if applicable)
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....







## DECLARATION AND COVERAGES

*To be completed by all Applicants*

*Section 5 – This section outlines the coverage you require and confirms to us the statements you have made in this application as being correct.*

Are there any further details or comments the Applicant would like to state to describe the operation:

Yes  No

If “yes”, provide details: .....

The Coverage required for quotation purposes are as follows:

**Limit Each Occurrence**

Airport or Premises Property and Operations: \$ .....

*Extension for Tenants Legal Liability:* \$ .....

Hangarkeepers Liability: Limit each aircraft: \$ ..... \$ .....

Products or Manufacturing Coverage: \$ .....

Contractors Coverage – combines a) & c): \$ .....

Fuelling – combines a), b) & c): *An annual aggregate limit applies to c).* \$ .....

Has any Insurer ever cancelled, declined or refused to renew this type or insurance?

Yes  No

If “yes”, provide details: .....





## DECLARATIONS

Insurer's rely on the proposal form containing all material information about you and that the information is true and complete. Material information is **anything** that may influence an Insurer's decision to issue a policy or not or to decide on what terms a policy will be offered to you. If you are unsure if something is material, you **must** disclose it.

If there is any change in the information declared after the date you sign this Proposal form and before any cover offered by Insurers commences, you must advise us immediately. Insurers may alter the terms quoted to you in such circumstances.

If you do not make a true and complete disclosure of material information, Insurer's may elect to cancel your policy or modify the terms on which it was issued. It may prejudice your ability to claim under the policy.

I declare that the statements and particulars in this proposal are true and that no material facts have been miss-stated represented or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

Signed at..... on ..... **Applicant's Signature**

*Note: This proposal form is for a brief description only. The full details of the plan are to be found in the policy.*

