



PRIVATE AIRCRAFT APPLICATION FORM

Name of Insured

First Name _____ Initial _____ Last Name _____

Registered owner (s) if different from above _____

Occupation _____

Address

Street _____

City _____ Province _____ Postal Code _____

Telephone Number _____ Facsimile Number _____

Name of Present Insurer _____ Expiry Date _____

Do you own any other aircraft? Yes No

If Yes, Name of Insurer _____

Has any Insurer canceled or refused to renew your aircraft insurance policy in the past 5 years? Yes No

Reason _____

Usual Geographic Area of Operation _____

Will you be Training on your aircraft? Ab initio Advanced Recurrent

Which Training Facility will you be using _____

AIRCRAFT DETAILS

Where is aircraft based? _____

Is Aircraft Hangared Tied Down Not Tied Down

Written Lease/Rental Agreement with Airport Owner? Yes No

Do you hold your storage provider harmless for physical damage to your aircraft? Yes No

Is the aircraft subject to any lien? Yes No Amount \$ _____

State name and address of Lienholder and/or Lessor _____

Registration	Year	Make & Model	Passenger seats Excluding Crew

How is aircraft registered: Check one

Normal Amateur Built Ultralight or Advanced Ultralight Helicopter Gyrocopter Balloon Glider

Agreed Hull Value – Amount of Insurance requested:

Wheels \$ _____

Skis \$ _____

Floats \$ _____

Amphibian \$ _____

Does Agreed Hull Value represent Present Market Value.

Yes No

If no, explain: _____

Hull Insurance – Check as required	State Limit of Liability required
<input type="checkbox"/> All Risks Flight and Ground	\$ _____ Single Limit Property Damage plus Bodily Injury including pass.
<input type="checkbox"/> All Risks Ground excluding Taxiing	\$ _____ Single Limit Property Damage plus Bodily Injury excluding pass.
<input type="checkbox"/> All Risks Ground including Taxiing	\$ _____ Single Limit Passenger Coverage per seat

PILOT DETAILS

	Pilot 1	Pilot 2	Pilot 3
Name			
Date of birth M/D/Y			
Medical Category			
Date of Last Medical			
License Number			
Endorsements to License			
Total Time last 12 Months			
Estimated flying next 12 Months			
Accidents, Incidents or Violations? Details:			

Fixed Wing Experience

	PIC	DUAL	PIC	DUAL	PIC	DUAL
Total Time						
Total Time on Make & Model						
Total Time Floats						
Total Time Amphibian						
Total Time Retractable						
Total Time Taildragger						
Total Time Multi Engine						
	PIC	DUAL	PIC	DUAL	PIC	DUAL
Total Time Turbine						
Total Type Time last 60 days						

Total Type Time last 12 Months						
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Rotary Wing Piston Experience

Total Time						
Total Time on Make & Model						
Total Type Time last 60 days						
Total Type Time last 12 Months						

Rotary Wing Turbine Experience

Total Time						
Total Time on Make & Model						
Total Type Time last 60 days						
Total Type Time last 12 Months						

Declaration: 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 Holman Insurance Brokers Ltd.

Signature of Applicant _____ Date _____

Phone Number _____ Fax Number _____

SUBMITTED BY: _____

E-MAIL: _____