

HOLMAN INSURANCE BROKERS LTD.

Application For General Liability Coverage

Instructions – Please read carefully

This application form deals with all areas of operations that may require this type of coverage. Depending on your type of operation, certain sections of the application need **NOT** be completed:

To be completed by ALL APPLICANTS

- | | | |
|--------------------|----------------------------------|-----------------------|
| • Section 1 | General Information | Page 1 & 2 |
| • Section 8 | Declarations and Coverage | Page 11 |

Depending on how you completed question 5 of Section 1, General Information, you should then continue completing the application form as it applies to your operation. We recommend that you review each section of this application form regardless of whether you feel you are involved on that section. After reviewing a section you may well consider that you have an exposure.

- | | | |
|------------------------|------------------------------------|------------------------|
| • Section 2 | Hangarkeepers Coverage | Page 3 |
| • Section 3 | Products Coverage | Page 4 |
| • Section 4 | Airport / Heliport Coverage | Page 5 |
| • Section 5 | Contractors Coverage | Page 6 |
| • Section 6 (a) | Ramp Services | Page 7 |
| • Section 6 (b) | Fuelling Coverage | Page 8 |
| • Section 7 | Manufacturing Coverage | Page 9 & 10 |
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Once you have completed this application: -

- Please review all applicable sections and make sure they have been fully completed.
- Please attach all agreements that you have entered into.
- Attach any other pertinent information to describe the risk.

<p>General Information To be completed by all Applicants</p>

Section 1 This section outlines the type of business, the location of the business and basic exposures of your premises / locations.

1. Name Of Applicant: _____

2. Mailing Address: _____
Street City Province Postal Code

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

If Yes, please provide:

(a) Renewal Date _____

(b) Current Insurance Company _____

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

4. Applicant is: Individual Partnership Corporation Municipality

5. Business of Applicant: *mark each category that applies to you*

- | | |
|---|---|
| (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) other, describe <input type="checkbox"/> |
| (g) aircraft / parts sales or distribution <input type="checkbox"/> | _____ |

6. Applicant is: *mark each category that applies to you*

- | | |
|--|---|
| (a) airport owner <input type="checkbox"/> | (e) operator of 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, 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).**

(a) Details of hangar:

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

(b) Occupants of hangar:

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

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	<input type="checkbox"/>	_____	deicing trucks	<input type="checkbox"/>	_____	escort vehicles	<input type="checkbox"/>	_____
grass cutting	<input type="checkbox"/>	_____	fuel trucks	<input type="checkbox"/>	_____	catering vehicles	<input type="checkbox"/>	_____
maintenance vehicles	<input type="checkbox"/>	_____	passenger vehicles	<input type="checkbox"/>	_____	cargo/baggage vehicles	<input type="checkbox"/>	_____
contractors	<input type="checkbox"/>	_____	courier vehicles	<input type="checkbox"/>	_____	other vehicles, describe	<input type="checkbox"/>	_____

14. Do you anticipate any construction work on your property in the next 12 months: Yes No

If Yes, then 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, **provide copy of the agreement.**

16. List all claims for the past 5 years including incidents which could result in a claim:

**Products Coverage
(Excluding Manufacturers)**

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

1. Gross receipts of Applicant

	Past 12 Months	Estimated Next 12 months
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	\$ _____	\$ _____
Other	\$ _____	\$ _____

Describe: _____

2. Describe types of aircraft usually worked upon:

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

3. Percentage of Fixed Wing Gross Receipts: _____ %

Percentage of Rotary Wing Gross Receipts: _____ %

4. Details of principal Engineers:

Name	Type of License	Total Yrs. of Experience	Years employed by applicant	Any Claims	
				Yes	No
1. _____				<input type="checkbox"/>	<input type="checkbox"/>
2. _____				<input type="checkbox"/>	<input type="checkbox"/>
3. _____				<input type="checkbox"/>	<input type="checkbox"/>
4. _____				<input type="checkbox"/>	<input type="checkbox"/>
5. _____				<input type="checkbox"/>	<input type="checkbox"/>

5. If Yes to claims in 4 above, please advise details:

Contractors Coverage

Section 5 This section should be completed by Applicants that have specific contracts at airports which do **NOT** directly involve aircraft.

1. Type of contract:

	Yes	No	Past 12 Months Gross receipts	Next 12 Months Gross Receipts
(a) Snow removal	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(b) Grass cutting	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(c) Runway or taxiway; construction, repair / resurfacing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(d) Building construction / alteration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(e) Fuel deliveries (not to aircraft)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(f) Cargo / courier warehouse pick up	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(g) Escort vehicles	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(h) Electrical work	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
(i) Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

2. Describe contract fully – (areas cleared of snow, precise location of work, where pick ups or deliveries are made, frequency of visits, etc.):

3. How many years experience does the Applicant have providing this type of airport service: _____ years

Yes No

4. Is the work performed on an annual basis: Yes No

If No, please advise the short term period _____ months

5. Does the contract require a specific period for completed operations cover: Yes No

If Yes, please advise the period _____ months

6. Do you subcontract part of the contract: Yes No

If Yes, are the subcontractors required to be protected by the Applicant Yes No

If No, do you require the subcontractors to carry their own insurance Yes No

7. What safety precautions are taken during the work: _____

8. When will the work be performed:

	Yes	No
Entirely during airport operational hours	<input type="checkbox"/>	<input type="checkbox"/>
Partly during airport operational hours	<input type="checkbox"/>	<input type="checkbox"/>
Not during airport operational hours	<input type="checkbox"/>	<input type="checkbox"/>

Ramp Services Coverage

Section 6(a) This section should be completed if you provide any services to a third party aircraft for preparation of a flight.

1. Type of contract:

	Yes	No	Past 12 Months Gross receipts	Next 12 Months Gross Receipts
Loading / unloading of passenger baggage	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Loading / unloading of cargo	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Marshalling	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Deicing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Towing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Power Starts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Fuelling – <i>complete section 6(b)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Other (described below)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

2. Advise frequency of services:

	Piston/Turbo Prop Aircraft	Jet Aircraft
	_____ weekly	_____ weekly
	_____	_____
	_____	_____
	_____	_____

3. Types of aircraft serviced:

	Piston/Turbo Prop Aircraft	Jet Aircraft
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4. List the principal operators:

1. _____
2. _____
3. _____
4. _____

5. How many years experience does the Applicant have providing this type of aviation service: _____

Fuelling Coverage

Section 6(b) This section is to be completed if you provide fuel to third party aircraft.

1. The Applicant fuels by:

	Yes	No
Fuel Truck	<input type="checkbox"/>	<input type="checkbox"/>
Gas Pump	<input type="checkbox"/>	<input type="checkbox"/>
Other means	<input type="checkbox"/>	<input type="checkbox"/>

2. Are fuel tanks:

Above ground	<input type="checkbox"/>	<input type="checkbox"/>
Below ground	<input type="checkbox"/>	<input type="checkbox"/>

3. Type of fuel:

Av Gas	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>

4. Types of aircraft usually fuelled:

Pistons	<input type="checkbox"/>	<input type="checkbox"/>
Turbines	<input type="checkbox"/>	<input type="checkbox"/>
Small Jets	<input type="checkbox"/>	<input type="checkbox"/>
Large Jets	<input type="checkbox"/>	<input type="checkbox"/>

5. Annual Sales:

	<u>Past 12 Months</u>	
	Gross Receipts	Litres Pumped
Av Gas	\$ _____	_____
Jet Fuel	\$ _____	_____
	<u>Next 12 Months</u>	
Av Gas	\$ _____	_____
Jet Fuel	\$ _____	_____

6. List the principal customers:
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

7. Is fueling of an aircraft always performed by your employees:

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you responsible for fuel testing and quality assurance:

	<input type="checkbox"/>	<input type="checkbox"/>
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 If No, who is _____
9. Is there any training program in fuel handling and aircraft fuelling procedures:

	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------
10. Is there a fire station located at the airport:

	<input type="checkbox"/>	<input type="checkbox"/>
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 If No, then how far from airport _____
 What emergency equipment is located at the airport: _____

11. How many years experience does the Applicant have providing this type of *aviation* service: _____ years

Manufacturers Coverage

Section 7 This section should be completed if you manufacture any items relating to the Aviation industry.

1. Describe all products manufactured:

2. Gross Receipts of Applicant:

	Past 12 Months	Estimated Next 12 Months
General Aviation Fixed Wing	\$ _____	\$ _____
General Aviation Helicopters	\$ _____	\$ _____
Commuter Airlines	\$ _____	\$ _____
Major Airlines	\$ _____	\$ _____
Military Aircraft	\$ _____	\$ _____
Spacecraft / satellites	\$ _____	\$ _____
Other (describe below) (i.e. Homebuilts, Ultralights, Gyrocopters, Gliders, Balloons)		

3. Is a brochure of the Applicant issued: Yes No

If Yes, please provide a copy.

4. *Attach copies of any warranties provided.*

5. Describe quality control

6. State current principal customers and percentage of sales for each:

	Country Located	Percentage
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Manufacturers continued

7. List any discontinued products for which coverage is required:

Product

- 1. _____
- 2. _____
- 3. _____

8. 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 of others (state company)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

9. Describe the potential hazards of all products:

10. Has any product even been subject to any recall by the Applicant or others, or subject to any Airworthiness Directive: Yes No

If Yes, please provide details: _____

11. How many years experience does the Applicant have manufacturing aviation products: _____ Years

12. 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 8 This section outlines the coverages you require and confirms to us the statements you have made in this application as being correct.

1. Are there any further details or comments the Applicant would like to state to describe the operation: Yes No

If Yes, provide details: _____

2. The Coverages required for quotation purposes are as follows:

Coverages	Limit Each Aircraft	Limit Each Occurrence
(a) Airport or Premises Property and Operations <i>Extension for Tenants Legal Liability</i>		\$
		\$
(b) Hangarkeepers Liability	\$	\$
(c) Products or Manufacturing Coverage		\$
(d) Contractors Coverage – combines (a) and (c)		\$
(e) Fuelling – combines (a), (b) and (c) <i>An annual aggregate limit applies to (c).</i>		\$

3. **Has any Insurer ever cancelled, declined or refused to renew this type of insurance:** Yes No

If Yes, provide details: _____

4. 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 any contract between myself and Global Aerospace.

5. 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: Holman Insurance Brokers Ltd. _____
 Phone Number: _____
 Fax Number: _____

Signature of Applicant _____
 Dated _____

Please complete all applicable sections and return them along with any other brochures or agreements to your broker so that he may obtain a quotation from Global Aerospace.