

AVRO Insurance Managers Ltd.
 Ph: 1-800-599-0069 Fax: 1-604-608-3384
Fixed Wing Commercial Aircraft Application

A. Name:

B. Address:

C. Principals: (with some background, including how long employed in that position)

Owners:

President:

Chief Pilot:

Operations Manager:

Chief Engineer:

Others of Note:

D. Facilities:

Bases:

Description:

E. Operations:

How long have you been in operation?

Do you advertise your operation in the United States?

Describe any operations you have involving flights into the United States.

Current Insurance Company:

Expiry date of current Insurance Policy:

F.

CHECKLIST: (Put an "X" and "%" in the appropriate spot)	Regular	%	Rare, if Ever	Not Anticipated
Schedule Work. Attach schedules detailing all routes & frequency of flights.				
Charter Work - Cargo				
- People				
- Transportation of people in the course of their work				
- Sightseeing/Tourism				
- Canadian Residents				
- US or foreign Residents				
Flying Club				
Survey				
Power/Pipeline Patrol				
Air Ambulance				
Traffic Patrol				
Spraying - Agricultural				

Rental				
Training - Ab Initio				
- Advanced				
- Recurrent				
Employees				
- Outsiders				
Other				
Total (the above must equal 100%)				

Please advise any material points regarding your operation not described above:

G. Miscellaneous

Please detail any additional information that may make a difference in your premium:

Non-Owned Aircraft Liability:

- a) annual hours (if any) you used aircraft not owned and not insured by you:
- b) maximum number of seats in the aircraft:

Spares: (Parts & Equipment, Tools, Ground Handling, etc)

- a) total value of all spares for coverage \$
- b) maximum any one location \$
- c) do you have your spares computerized?

H. Loss & Violation History (Give a brief description of any losses or violations that you, your operation, or any of your pilots have had, including date of loss, and amount of loss)

Date

Policyholder's Signature

Acft #	Reg	Year & Model	Wheel/Ski Value	Float Value	Annual Hours	# Pass Seats	Liability limit Required	Lienholder indicate if aircraft is owned or leased
1								
2								
3								
4								
5								
6								

Pilot Information - required for all pilots

Name	Age	Licence & Ratings (ATP, Comm, Float, Multi, Night, IFR, etc)	Total PIC Hours	Float Hours	Tail Wheel Hours	Multi Hours	Hours last 12 Months	Hours on		Hours on		Years with this employer	Accidents state NONE or attach details
								*indicate model to be flown wheels	floats	*indicate model to be flown wheels	floats		
1													
2													
3													
4													
5													