



# GENERAL LIABILITY COVERAGE

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APPLICATION FORM

## APPLICATION FOR GENERAL LIABILITY COVERAGE

### General Information – to be completed by all Applicants

1.	Name of Applicant:				
2.	Mailing Address:				
3.	Do you currently have this type of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If 'yes', please provide:	a) Renewal Date: b) Current Insurance Company:			
	If 'no', have you ever carried insurance before?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4.	Applicant is:	Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Municipality <input type="checkbox"/>			
5.	Business of Applicant:	a) airport operator <input type="checkbox"/> b) commercial air service <input type="checkbox"/> c) flying school/flying club <input type="checkbox"/> d) aircraft maintenance <input type="checkbox"/> e) aircraft engine overhaul <input type="checkbox"/> f) aircraft propeller overhaul <input type="checkbox"/> g) aircraft/parts sales or distribution <input type="checkbox"/>	h) refueller <input type="checkbox"/> i) ramp service <input type="checkbox"/> j) aircraft cleaning <input type="checkbox"/> k) independent contractor <input type="checkbox"/> l) manufacturer <input type="checkbox"/> other, please describe: <input type="checkbox"/>		
6.	Applicant is:	a) airport owner <input type="checkbox"/> b) airport lessee <input type="checkbox"/> c) hangar owner <input type="checkbox"/> d) lessee/tenant of hanger or office space <input type="checkbox"/>	e) operator or ticket counter <input type="checkbox"/> f) off airport <input type="checkbox"/> g) other, please describe: <input type="checkbox"/>		
7.	If hanger owner, are you sole occupant?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

8.	Provide details of the hangar(s) you own or occupy: <i>(note: if you have other aircraft in your care, custody or control, you must complete section 2 of this application)</i>			
	Details of hangar:			
	Age	Size	Construction	Heating
				Sprinklered
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 <i>Airport</i> Locations:			
	Principal Location:		Premises Occupied:	
	Additional Locations:			
12.	List all <i>off Airport</i> Locations:			
	Principal Location:		Premises Occupied:	
	Additional Locations:			

13.	List equipment operated airside: insert the <b><i>number</i></b> 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 <input type="checkbox"/> No <input type="checkbox"/>  If yes, then please provide details:					
15.	Has the Applicant entered into any written agreement whereby either the applicant holds harmless and indemnifies others <b>or</b> is held harmless and indemnified by others: Yes <input type="checkbox"/> No <input type="checkbox"/>  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 or have aircraft that you do not own but are in your care, custody or control.**

1.	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"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are you the sole occupant of the hangar(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If 'no', please advise other occupants:			
1.			5.	
2.			6.	
3.			7.	
4.			8.	
3.	Hangared Aircraft:			
	Number of third party aircraft usually hangared (state number):			
		Average	Maximum	
	Value of any one aircraft	\$	\$	
	Value of all aircraft	\$	\$	

4.	Aircraft tied down:		
	Number of third party aircraft usually tied down (state number):		
		Average	Maximum
	Value of any one aircraft	\$	\$
	Value of all aircraft	\$	\$
5.	Are aircraft of others towed or moved: Yes <input type="checkbox"/> No <input type="checkbox"/>		
6.	Describe fire protection facilities:		

**PRODUCTS COVERAGE**

**Section 3 – This section should be completed if you work on third party aircraft or sell aircraft 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:			
	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"/>		
3.	Percentage of Fixed Wing Gross Receipts:                    %			
	Percentage of Rotary Wing Gross Receipts:                    %			
4.	Details of principal engineers:			
	Name	Type of license	Total years of experience	Years employed by applicant
	1.			Any claims? Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.			Yes <input type="checkbox"/> No <input type="checkbox"/>
	4.			Yes <input type="checkbox"/> No <input type="checkbox"/>
	5.			Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	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.**

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	\$	\$
	Others, describe (ie. Homebuilts, Ultralights, Gyrocopters etc.):	\$	\$
3.	Is a brochure of the Applicant issued? Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>If 'yes', please attach copy.</i>		
4.	<i>Attach copies of any warranties provided.</i>		
5.	Describe quality control procedures of Applicant or Applicant's external manufacturers:		

6.	State current principal customers and percentage of sales for each:			
		Customer	Country Located	Percentage
	1.			%
	2.			%
	3.			%
	4.			%
	5.			%
	6.			%
7.	List any discontinued products for which coverage is required:			
	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 or others (state company)
	1.			
	2.			
	3.			
	4.			
	5.			
9.	Describe the potential hazards of all products:			

10.	Has any product ever been subject to any recall by the Applicant or others, or subject to any Airworthiness Directive? Yes <input type="checkbox"/> No <input type="checkbox"/>  If 'yes', please provide details:			
11.	How many years of experience does the Applicant have manufacturing aviation products:			
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 5 – 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 <input type="checkbox"/> No <input type="checkbox"/>  If 'yes', provide details:		
2.	The Coverages required for quotation purposes are as follows:		
	Coverages	Limit Each Occurrence	
	a) Airport or Premises Property and Operations:	\$	
	<i>Extension for Tenants Legal Liability:</i>	\$	
	b) Hangarkeepers Liability: Limit each aircraft: \$	\$	
	c) Products or Manufacturing Coverage:	\$	
	d) Contractors Coverage – combines a) & c):	\$	
	e) Fuelling – combines a), b) & c): <i>An annual aggregate limit applies to c).</i>	\$	
3.	<b>Has any Insurer ever cancelled, declined or refused to renew this type or insurance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If 'yes', provide details:</b>		
	I declare that the statements and declarations given are true and that no information has been withheld that might influence the 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 the Insurer.		
	This Application does not commit the Insurer to any liability and does not make the Applicant liable for any premium unless and until the Insurer agrees in writing that coverage has been bound.		
	Name of Broker: SHEPPARD INSURANCE SERVICE INC.		Signature of Applicant:
	Phone Number:	Fax Number:	Date: