



163 – 18799 Airport Way, Suite 201
Pitt Meadows, BC V3Y 2B4

RPAS Premises, Hangarkeepers and Products Liability Proposal Form

New Business Policy Renewal Mid-Term Change

www.air1insurance.com

Telephone: 1-888.917.1177 Fax: 1-866.372.2755

CURRENT INSURER:

CURRENT EXPIRY:

APPLICANTS INFORMATION

NAMED INSURED: (Registered Owner) _____ HOME PHONE: _____
 COMPANY NAME: _____ WORK PHONE: _____
 CONTACT PERSON: _____ CELL PHONE: _____
 ADDRESS: _____ FAX NUMBER: _____
 CITY/PROVINCE: _____ POSTAL CODE: _____ EMAIL: _____
 HOW DID YOU HEAR ABOUT AIR1? _____ OCCUPATION: _____

Would you like to receive information about any of these insurance products? Aviation Business Home Marine

DO YOU OWN ANY OTHER AIRCRAFT? YES NO EXPIRY DATES: _____

IF INSUFFICIENT SPACE PROVIDED FOR REQUIRED INFORMATION, PLEASE IDENTIFY AND ATTACH SEPRATE SHEET(S)

PREMISES

DOES APPLICANT OWN OR OCCUPY ANY AIRPORT PREMISES? YES NO

IF YES, PLEASE LIST AIRPORT NAME(S):

LIST ALL BUILDINGS, HANGARS, RAMPS AND ALL OTHER PREMISES TO BE INSURED BELOW: NONE

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)

APPLICANT OCCUPIES:

APPLICANT IS:

ALL OF PREMISES PART OF PREMISES OWNER OF PREMISES TENANT OF PREMISES GENERAL LESSEE OF PREMISE

LIST ALL VEHICLES AND MOBILE EQUIPMENT, SUCH AS AIRCRAFT TUGS AND FUEL TRUCKS, USED ON THE AIRPORT PREMISES TO BE INSURED BELOW: NONE

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)

DESCRIBE YOUR MAIN ACTIVITIES:

ANTICIPATED REVENUE FROM THIS SOURCE OF BUSINESS: \$

HANGARKEEPERS

DOES APPLICANT EVER HAVE NON-OWNED REMOTELY PILOTED AIRCRAFT SYSTEMS (RPAS) IN HIS CARE, CUSTODY OR CONTROL AT HIS PREMISES? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS:

A) AVERAGE VALUE OF ANY ONE RPAS: _____
 B) AVERAGE TOTAL VALUE AT ANY TIME: _____

C) MAXIMUM VALUE OF ANY ONE AIRCRAFT:	
D) MAXIMUM TOTAL VALUE AT ANY TIME:	
E) MAXIMUM VALUE IN ANY ONE HANGAR:	
F) MAXIMUM VALUE OUTSIDE HANGAR(S):	
G) AVERAGE NUMBER OF RPAS IN YOUR CARE, CUSTODY OR CONTROL:	
H) PLEASE PROVIDE DETAILS OF ANY ROTOR WING AIRCRAFT INCLUDED ABOVE:	
I) AVERAGE NUMBER OF ENGINES IN YOUR CARE, CUSTODY OR CONTROL:	

DO YOU REQUIRE IN-FLIGHT HANGARKEEPERS COVERAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ANTICIPATED REVENUE FROM THIS SOURCE OF BUSINESS:	\$
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PRODUCTS LIABILITY

NAME ANY SUBSIDIARIES INVOLVED WITH AVIATION PRODUCTS:	

SALES:	CANADA: \$ %	OTHER: \$ %
	USA: \$ %	(SPECIFY):

LAST 12 MONTHS	
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FIXED WING:	
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ROTOR WING:	
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TOTAL:	
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% SPLIT BETWEEN:	AIRFRAME:	
	ENGINES/PROPELLERS/ROTORS	
	SOFTWARE/GROUND CONTROL STATION EQUIPMENT	

ESTIMATES FOR NEXT 12 MONTHS	
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FIXED WING:	
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ROTOR WING:	
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TOTAL:	
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% SPLIT BETWEEN:	AIRFRAME:	
	ENGINES/PROPELLERS/ROTORS	
	SOFTWARE/GROUND CONTROL STATION EQUIPMENT	

HOW LONG HAS INSURED BEEN IN THE RPAS BUSINESS:	
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DESCRIPTION OF INSURED'S RPAS ACTIVITIES (E.G. REPAIR STATION, SOFTWARE SPECIALIST, ENGINE OR PROPELLOR SHOP):	

WHAT TYPE OF RPAS DOES INSURED USUALLY WORK ON?	
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DOES THE INSURED MANUFACTURE ANY RPAS PRODUCTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, PLEASE SPECIFY:	
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DOES THE INSURED REPRESENT ANY MANUFACTURERS OR RPAS PRODUCTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, PLEASE SPECIFY:	
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HAS THE INSURED SIGNED ANY AVIATION CONTRACTS THAT INCLUDE ADDITIONAL INSURED, HOLD HARMLESS, WAIVER OF SUBROGATION OR INDEMNITY PROVISIONS THAT AFFECT THE INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, PLEASE SPECIFY:	
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AS FAR AS KNOWN HAS THE INSURED EXPOSED ITSELF, OR, PROTECTED ITSELF WHEN SIGNING ANY CONTRACTS AFFECTING THIS INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE SPECIFY:	
DOES THE INSURED DO ANY BUSINESS WITH CUSTOMERS OR AGENTS DOMICILED IN THE USA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE THE EXPERIENCE AND GENERAL TRAINING LEVELS OF INSURED'S AVIATION PERSONNEL:	
HAVE ANY CLAIMS BEEN MADE AGAINST THE INSURED DURING THE PAST 5 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT WERE THE DETAILS AND AMOUNTS INVOLVED?	
IF PREVIOUSLY UNINSURED, GIVE DETAILS OF ANY PAYMENTS MADE TO CLAIMS BELOW:	<input type="checkbox"/> NOT APPLICABLE
DOES THE INSURED CURRENTLY BUY RPAS PRODUCTS LIABILITY COVERAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WITH WHOM?	
ALL AVIATION PRODUCTS LIABILITY POLICIES CONTAIN AN AGGREGATE LIMIT OF LIABILITY. WHAT LIMIT OF LIABILITY DO YOU REQUIRE?	
PLEASE PROVIDE ANY OTHER INFORMATION WHICH YOU FEEL MAY BE RELEVANT TO THIS PROPOSAL:	
TERMS & CONDITIONS	
<p>WHERE (A) AN APPLICANT FOR THIS CONTRACT GIVES FALSE PARTICULARS TO THE PREJUDICE OF THE INSURER OR MISREPRESENTS OR FAILS TO DISCLOSE ANY FACT IN ANY PART OF THIS APPLICATION REQUIRED TO BE STATED THEREIN OR (B) THE INSURED CONTRAVENES A TERM OF THE CONTRACT OR COMMITS FRAUD; OR (C) THE INSURED MAKES A FALSE STATEMENT IN RESPECT OF A CLAIM, A CLAIM WILL BECOME INVALID AND THE INSURED'S RIGHT TO RECOVERY IS FORFEITED. THE APPLICANTS HAVE REVIEWED ALL PARTS AND ATTACHMENTS OF THIS APPLICATION AND ACKNOWLEDGE THAT ALL INFORMATION IS TRUE AND CORRECT AND UNDERSTAND THAT THIS APPLICATION FOR INSURANCE IS BASED ON THE TRUTH AND COMPLETENESS OF THIS INFORMATION.</p> <p>THE APPLICANTS CONSENT TO THE COLLECTION, USE AND DISCLOSURE BY THE INSURER OF PERSONAL, CREDIT, FACTUAL RECORD, PREMIUM PAYMENT OR CLAIMS HISTORY INFORMATION IN CONNECTION WITH THIS APPLICATION FOR INSURANCE OR RENEWAL, EXTENSION, VARIATION OF CANCELLATION THEREOF FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD.</p>	
BROKER: Air1 Insurance Services Ltd.	TELEPHONE: 1-888.917.1177
APPLICANT'S SIGNATURE:	DATE SIGNED:

AIR1 INSURANCE SERVICES LTD.

TOLL FREE: 1-877-917-1177 / Within Vancouver, BC Area: 604-460-8787