



## Hangarkeepers Coverage

State number of aircraft in your care custody or control

	Average		Maximum	
	Hangared	Tied Down	Hangared	Tied Down
Value any one aircraft	\$	\$	\$	\$
Value of all aircraft	\$	\$	\$	\$

Are you responsible for moving other peoples' aircraft      Yes      No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care custody and control.      Yes      No

If yes please attach a copy of the standard agreement.

## Ramp Services

If you provide services to third party aircraft for the preparation for of a flight or arrival of a flight please complete the following details

Type of Operation	Yes	No	Past 12 months	Estimated for next 12 months
Loading or unloading of baggage			\$	\$
Loading or unloading of cargo			\$	\$
Marshalling			\$	\$
Deicing			\$	\$
Towing			\$	\$
Power Starts			\$	\$
Fuelling Av Gas			\$ Litres pumped	\$ Litres pumped
Fuelling Jet Fuel			\$ Litres Pumped	\$ Litres pumped
Grooming			\$	\$
Other, describe			\$	\$

Please state types of aircraft serviced and frequency you provide this service.

	Piston/Turbo Prop		Jet Aircraft	
	Provide Types	How often a week	Provide Types	How often per week
Who are your principal Customers	1.			
	2.			
	3.			

How Long have you provided this service      \_\_\_\_\_ Years

Do you have any agreement with your major customers where they have agreed to hold you harmless.      Yes      No

If yes please provide a copy of the agreement.

## Products Coverage

Please provide details of your gross receipts

Gross Receipts from	Past 12 months	Estimated for 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	\$	\$
Avionics sales not installed	\$	\$
New parts installed	\$	\$
Used parts installed	\$	\$
New aircraft sales	\$	\$
Used aircraft sale	\$	\$
Painting	\$	\$
Fuel <i>(if receipts exceed \$75,000 complete Ramp Service Questions)</i>	\$	\$
Other, Describe	\$	\$

Type of aircraft You Work Upon	Yes	No	Gross Receipts as a %
Single engine piston			
Twin engine piston			
Turbine			
Jets			
Helicopters			

Please list details of your Principal Engineers

Name	Type of License	Total Years Experience	Years employed by you	Any Claims

<b>Coverages Required</b>		Limit Each Occurrence	Alternate Limits
1 - Airport of Premises, Property & Operations	Limit Each Occurrence	\$	\$
1a - Tenants Legal Liability <i>\$250,000 automatically included</i>	Limit Each Occurrence	\$	\$
1b - Tools and Equipment	Limit Any one location	\$	\$
	Limit Per Occurrence	\$	\$
2 - Hangarkeepers	Limit Per Aircraft	\$	\$
	Limit Per Occurrence	\$	\$
3 - Products	Limit Per Occurrence & in the Aggregate	\$	\$
4 - Fuelling – Combines 1,2 & 3 above ,but not 1b	Limit Per Occurrence	\$	\$
5 – Contractors - Combines 1,2 & 3 above ,but not 1b	Limit Per occurrence	\$	\$

### Loss and Violation History

Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss.

\_\_\_\_\_

\_\_\_\_\_

### Coverages Required:

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/we agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Brokers Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_