Non Owned Aircraft Application Form

GUARDSMAN Insurance Services Inc.

2447 Princess St.
Kingston, ON. K7M 3G1
Fax 613-549-5941

Name of Insured: _____

Address: _____ _____ _____ _____
Street *City* *Province* *Postal Code*

Telephone number _____ Fax number _____ Email address _____

Current Insurer: _____ **EXPIRY DATE:** _____

Type of Business _____

Number of Offices _____ Number of employees _____

What reason do you have for this coverage:

Purpose _____

Types of aircraft used _____

Seating capacity _____

How many hours do you expect to fly this year

In Canada _____ In United States _____

Elsewhere _____ If elsewhere state where; _____

Pilot Details

Do you have any pilots on staff employed as a corporate pilot Yes How many _____ No

Do you have any employees that fly their own aircraft on company business Yes No

Do you have any staff pilots or employees that rent aircraft for company business Yes No

If the answer is yes to the above question, please provide details.

Name	Age	Total Time	Total Single Engine	Total Multi Engine	Total Floats	Total Rotary Wing	Claims	Type of Pilot	
								Corporate Pilot	Employee owns aircraft

Claims History

Have you ever had a claim on this type of coverage, if so please provide details. _____

_____

Coverages Required:

Liability Limits required Option 1 _____ Option 2 _____

Non owned hull coverage Option 1 _____ Option 2 _____

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_____