



Commercial Aircraft Application Form

Allianz Global Corporate & Specialty®
Allianz Global Risks US Insurance Company
130 Adelaide Street West Suite 1600
Toronto, ON M5H 3P5
Fax 416-849-4555

Name of Insured: _____

Address: _____

Telephone number _____ Fax number _____ Email address _____

Current Insurer: _____ Expiry Date: _____

Principal

Owner _____

Chief Pilot _____

Operations Manager _____

Facilities

Bases _____

Description _____

Operations

How long have you been in operation _____ years

Do you advertise in the United States. Yes No

Describe any operations you have involving flight into the United States. _____

Are all your employees covered by Workers Compensation? If not please explain _____

Aircraft Details:

Reg'n	Make & Model	Hull coverages required	Agreed Value State in next column L- Land S- Ski F- Floats	L S F	Passenger Seats (excluding pilot)	Limit of Liability	Utilization Expected	
							Days	Hours
Spares: (Parts, equipment, tools ground handling etc)			Total Value		Maximum any one location		Are your spares computerized?	
			\$	\$	Yes	No		

Pilots

Name	Age	Total Time	Total Floats	Total M/E	Time on Type	Aircraft to be flown	Total last 12 months	Accidents

Operation Checklist	%	Regular	Occasional	Not Anticipated
Schedule Work				
Charter				
Flying Club				

Charter Work (breakdown this work by cargo and people listed below)				
Cargo				
Transportation of people in course of their work				
Sightseeing or Tourism (including guests to Lodges)				
i) Canadian Residents				
ii) US of foreign residents				
Specific Work				
Survey – mapping, seismic, aerial photography				
Power or pipeline patrol				
Traffic Patrol				
Air Ambulance				
Rental				
Training - Ab Initio				
- Advanced				
Spraying – Agricultural or forestry				
Heli-Skiing				
Heli Logging				
Other				

Loss and Violation History

Give a brief description of any accidents that you, your operation, or any of your pilots 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. I/we further agree that Allianz Global Risks US Insurance Company may investigate any qualifications or statements contained above, through any source including through the Privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by Allianz Global Risks US Insurance Company in writing.

Date _____ **Applicant's Signature** _____

Brokers Name: Charette Assurances Aviation Inc **Phone Number :** 450-547-7979 **Fax Number :** 450-547-7970