

Aviation Renewal

Name of Organization: _____

Address: _____

Postal Code: _____

Re: AAMD&C Aviation Renewal - 21500989-AB-10

For your December 31 Airport Operators Liability Renewal, we ask that you please complete the below questionnaire and return to our office ASAP via:

- Fax: 780.995.3615
OR
- Email to your Insurance and Risk Advisor

1. Annual Aircraft Movements:

Actual for 2011: _____ Projected for 2012: _____

2. Annual Passenger Emplanements:

Actual for 2011: _____ Projected for 2012: _____

3. Please briefly describe any construction (terminals, runways, taxiways, or etc.) that occurred in 2011 or which will take place in 2012.

4. Indicate all operations and estimated annual gross receipts.

Total: _____

5. Do you require Non-Owned Aviation Coverage?

Yes: _____ No: _____

I Declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of my contract between myself and Aon Reed Stenhouse. This Application does not commit Aon Reed Stenhouse to any liability nor make the Applicant liable for any premium unless and until Aon Reed Stenhouse agrees in writing that coverage has been bound.

Signature

Date

Name (print)