

Non-Owned Aircraft Insurance Application

Full Client Name:								
Mailing Address:								
Expiry Date or Desired Start Date:								
Non-owned Aircraft Liability								
What is the nature of your business?								
# of employees:		# of offices:						
Do you anticipate the use of any aircraft not owned, leased or maintained by you in the next 12 months?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please advise the following:				Fixed Wing	Rotor Wing	UAV (drones)		
How many hours in total did you charter aircraft last year?								
How many hours do you anticipate you will charter aircraft in Canada in the next year?								
How many hours do you anticipate you will charter aircraft in the US in the next year?								
How many hours do you anticipate you will charter aircraft Internationally in the next year?								
If you are flying outside of Canada in the next year, please advise where:								
Aircraft Utilization – Fixed Wing		Aircraft Utilization – Rotor Wing		Aircraft Utilization – UAV				
Engineering	%	Engineering	%	Aerial Photography/Surveys - Urban		%		
Agricultural	%	Agricultural	%	Aerial Photography/Surveys - Rural		%		
People Transport	%	People Transport	%	Other (please describe):				
Slung	%	Slung	%					
Off Shore	%	Off Shore	%	UAV Weight Class	<input type="checkbox"/> <2kg <input type="checkbox"/> 2kg to 25kg <input type="checkbox"/> >25kg			
Aerial Photography/Surveys	%	Aerial Photography/Surveys	%					
Average number of passengers on each trip?								
Maximum number of passengers on any one trip?								
*Maximum seating capacity of largest aircraft used?								
*What is the most common purpose(s) of aircraft charters?								
*What are the charter operators you will use (if known)?								
*Please indicate types of aircraft to be used (if known)								
What percentage of passengers are employees (W.C.) and what percentage are guests?				Employees: %	Guests: %			
Do you charter any aircraft that are operated by employee pilots? If yes, please attach full pilot details and details of the aircraft to be chartered.						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you own any aircraft that are operated by others?						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, description of aircraft owned:								
If yes, do you charter the aircraft back?				Yes <input type="checkbox"/> No <input type="checkbox"/>				
Will applicant make any charges to others for use of aircraft?						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will aircraft be used for student or pilot instruction? If yes, please attach details of frequency, student pilots and instructors.						Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Aon Reed Stenhouse Inc.

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Do you have a corporate risk management policy in place that provides guidelines for the charter or aircraft? If yes, please attach copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who in your company has the authority to arrange the charter of aircraft?	
What is the minimum liability limit you require your charter operators (including UAV operators) to carry?	
Do you obtain Certificates of Insurance from all charter operators (including UAV operators)? Please attach copies of certificates for each operator from whom you may charter aircraft in the next year. Note that certificates are required by your insurers and must include you and all subsidiary, affiliated and/or joint venture companies and all directors, officers and employees as Additional Insured and 30 days' notice of cancellation of the policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-owned Aircraft Liability limit required:	\$

Loss History and Previous Aviation Insurance	
Has applicant had any aircraft/aviation losses/claims during the last five years? If yes, please provide details (attach list if necessary)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any insurer cancelled, declined or refused to renew any aviation insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:	
Name of last or present insurance company:	

Authorization

I/We authorize the following agent or broker to represent me/us in the placing of this insurance: Aon Reed Stenhouse Inc.
 Address of agent or broker: 1800, 600 - 3rd Avenue SW
 Calgary, AB T2P 0G5

I/We warrant that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until the insurance company effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by the insurance company, the full amount of premium becomes immediately due and payable. I/We authorize the recipient of this application to investigate all or any qualifications or statements contained herein.

Date: _____

 Personal signature of applicant or authorized executive is required.