|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | NACORA INSURANCE BROKERS LTD. 77 Foster Crescent, Mississauga, Ontario L5R 0K1  Toll Free 1 855 736 3407 Fax 905 507 2882  Email : [eaainsurance@nacora.com](mailto:eaainsurance@nacora.com) [www.eaainsurance.ca](http://www.eaainsurance.ca) | | | | | | | | | | | | | | | | | |
| **EAA Aircraft Insurance Program Canada Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Named Insured | | | |  | | | | | | | | | | | | | Occupation | | | | | | | | | |  | | | | | | | |
| Contact Person | | | |  | | | | | | | | | | | | | EAA Membership Number | | | | | | | | | |  | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Phone | | | |  | | | | | | | | | | | | | Residential Phone | | | | | | | | | |  | | | | | | | |
| Email Address | | | |  | | | | | | | | | | | | | Fax Number | | | | | | | | | |  | | | | | | | |
| Current Insurer | | | |  | | | | | | | | | | | | | Renewal Date: | | | | | | | | | |  | | | | | | | |
| **Claims, Accident, Violations (Please provide details of all claims occurring during the last five years)** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **AIRCRAFT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year** | **Make & Model** | | | | **Registration** | | | | **Insured Value Landplane\*** | | | **Hull Coverage Required**  **(Yes or No)** | | | | | | **Retractable Gear Aircraft (Yes or No)** | | | | | | | **Aircraft Category (Homebuilt, Kit or Manufactured)** | | | | | **Number of Passenger Seats (excl. pilot)** | | | **Liability Limit (Advise Amount)** | |
|  |  | | | |  | | | |  | | |  | | | | | |  | | | | | | |  | | | | |  | | |  | |
|  |  | | | |  | | | |  | | |  | | | | | |  | | | | | | |  | | | | |  | | |  | |
|  |  | | | |  | | | |  | | |  | | | | | |  | | | | | | |  | | | | |  | | |  | |
| **\*Provide alternate values while aircraft is on skis or on floats, if applicable** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Airport aircraft based at | | | | | | | |  | | | | | | Hangared or Tied Down | | | | | | | | | | | | | |  | | | | | | |
| Do you own your own Hangar | | | | | | | |  | | | | | | Do you require Premises Liability | | | | | | | | | | | | | |  | | | | | | |
| Would you like a quotation for property insurance on your hangar | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Work In Progress Information, if applicable** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you require Work in Progress coverage only (Yes or No) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Estimated Hull Value of Completed Aircraft | | | | | | | | | |  | | | Percentage Completed that the Aircraft is now (eg. 25%) | | | | | | | | | | | | | | | | | | |  | | |
| Aircraft Registration or Serial Number or Builder Number | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **LIENHOLDER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | |
| Insurance Requirements (Eg. Loss Payee, Additional Insured, etc) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **PILOT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide full details for all pilots required** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Age** | **Licence Type and Ratings** | | | | **Total Time** | | **Multi Time** | | | | | | **Float Time** | | | | **Rotary Wing Time** | | | **RG Time** | | | **Tail Wheel Time** | | **Time on Make & Model** | | | **Total Last 12 Months Make & Model** |
|  | | | | | |  |  | | | |  | |  | | | | | |  | | | |  | | |  | | |  | |  | | |  |
|  | | | | | |  |  | | | |  | |  | | | | | |  | | | |  | | |  | | |  | |  | | |  |
|  | | | | | |  |  | | | |  | |  | | | | | |  | | | |  | | |  | | |  | |  | | |  |
|  | | | | | |  |  | | | |  | |  | | | | | |  | | | |  | | |  | | |  | |  | | |  |
| **Pilots Claims, Accidents, Violations**  **(Please provide details of all claims occurring during the last five years for each pilot below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The statements contained herein are true and complete and, together with any other information provided by me in connection with this application, form the basis for any certificate issued hereunder. I agree that any material misrepresentation shall render the insurance voidable. I hereby expressly consent to Nacora Insurance Brokers Ltd. collecting, using or disclosing personal information, or providing such personal information to third parties as required, including insurance companies for the following purposes:  - Communicating with you - providing claims assistance and service - Assessing your application for insurance - Advising you of other products & services  - Disclosing information to insurance companies - Complying with regulators & legal authorities - Negotiating, maintaining or renewing insurance on your behalf.  For more information about our privacy policies and practices or for a copy of our Privacy Policy please visit our web site [www.nacora.ca](http://www.nacora.com) or contact our Privacy Officer; Darryl Wolfe, at Nacora Insurance Brokers Ltd, 77 Foster Crescent, Mississauga, Ontario L5R 0K1. Email: [Darryl.wolfe@nacora.com](mailto:Darryl.wolfe@nacorra.com) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | | | | | | **Date:** | | |  | | | | | | | | | | |