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COMMERCIAL AIRCRAFT OPERATOR APPLICATION

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Contact Person: |  | Telephone No. |  |
| Email Address: |  | Website Address: |  |
| Who is your current insurer: |  | What is your renewal date? |  |
|  |  |  |  |
| **Principals (as applicable)** |
| Owners: |  |
| Chief Pilot: |  |
| Safety Officer: |  |
| Operations Manager: |  |
| Safety Officer: |  |
| Director of Maintenance: |  |
| Accountable Executive |  |
| Person Responsible for Maintenance: |  |
| Others of Note: |  |
| **Operations** |
| What type of operation do you have? |  |
|  | % of Overall Use |  | % of Overall Use |
| Scheduled Service |  | Flight Training |  |
| Charter Work |  |  Ab-Initio |  |
|  Passenger |  |  Advanced |  |
|  US Passenger |  |  Rental |  |
|  Cargo |  |  Twin Rental |  |
| Sight-Seeing |  |  |  |

**Managing *your* risk is *our* business.**

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| --- | --- | --- | --- |
| How long have you been in operation? |  | What is your area of use? |  |
| Do you have contracts with government bodies? |  | If so, which ones? |  |
| Which aircraft used for contracts? |  | Annual flying hours per contract? |  |
| Are there months that you do not operate? |  | If so, which ones? |  |
| Do you want a seasonal policy (no flight coverage for some months)? |  |
| Do you want a 30 Day Lay-Up Clause? |  |
| (credit on renewal, subject to a maximum and no claims, for aircraft not flown 30 days or more) |
| Number of students per year: |  | Percent of foreign students: |  |
| What Additional Insureds do you require on your policy? |  |

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| **Schedule of Aircraft** |
| **Year** | **Registration** | **Make & Model** | **Hull Coverage Required,****F Flight****G Ground****N None** | **Agreed Value** | **L Land****S Ski****F Float****A Amphib** | **Number of Passenger Seats** | **Limit of Liability** | **Number of days aircraft is used annually** |
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| **Deductible** |
| Do you want a low deductible or a higher deductible to save premium?  |  |
| **Spares**  |
| Value of aircraft spare parts, including tools: |  |
| **Non-Owned Aircraft Liability** |
| Annual Hours (if any) you use aircraft not owned and not insured by you: |  |
| Maximum number of seats in these aircraft: |  |
| **Current Pilot Roster** |
| **Name** | **Age** | **License and Ratings** | **Total Time** | **Total****Multi****Engine** | **Total Floats****Time** | **Total****Amphib****Time** | **Retrac-table****Gear****Time** | **Time on Type** | **Total Last 12 Months** |
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Pilot Accidents, Incidents, Violations in the last 5 years (date, what happened, amount of claim):

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| **Facilities** |
| Bases: |  |
| Descriptions (eg. age, size, heating, construction): |  |
| Are you the sole occupant of the building?  |  | If not who else shares? |  |
| Do you regularly store or have in your care, aircraft owned by others? |  |
| What is the maximum value of any one of these aircraft? |  |  |
| What is the maximum value of all these aircraft? |  |
| Do you perform any test, ferry, or demo flights?  |  | How often? |  |
| What is the maximum value of these aircraft and give type expected? |  |
| Indicate your gross receipts from others for any of the following expected in the next twelve months: |  |
| Fuelling:  |  | Sale of Aircraft:  |  |
| Ground Handling: |  | Deicing: |  |
| Grass Cutting: |  | Snow Removal: |  |
| Labour for Routine Maintenance: |  | Labour for Repair and Overhaul: |  |
| New and Used Parts Sold:  |  | Painting of Aircraft: |  |
| If you require more than $1,000,000 in coverage for Premises, Products or Hangarkeeper’s Liability, indicate limit:  |

**Loss & Violation History**

Give a brief description of any accidents that you or your operation have had in the past 5 years, including date of loss, brief details of accident, and amount paid out by Insurer:

**Any Additional Information:**

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 website [www.nacora.com](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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**