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| VECTOR LOGO.png**General Information****HOT AIR BALLOON INSURANCE APPLICATION** |
| Name Insured: |       |
| Contact Person: |       |
| Address: |       |
| Bus. Phone: |       | Res. Phone: |       | Fax No. |       |
| E-mail Address: |       | Current Insurer: |       | Renewal Date: |       |
| **Coverage Required** |
| **Balloon 1**  | Hull: None Not In Motion In Motion  |
| Hull Value: | Envelope $  |       | Gondola $  |       | Accessories $ |       | TOTAL $ |       |
| Liability Limit Required: | C$      |
| **Balloon 2** | Hull: None Not In Motion In Motion  |
| Hull Value: | Envelope $  |       | Gondola $  |       | Accessories $ |       | TOTAL $ |       |
| Liability Limit Required: | C$      |
| **Balloon Information** |
| **Balloon 1** |
| Make, Model, Registration No. |       |
| Year Envelope Built: |       | Envelope Size: |       |
| Maximum No. of passenger, excluding pilot: |       | No. of Burners: |       |
| Is the balloon a special shape? : | YES NO  | If yes, please describe shape: |       |
| No. of expected hours to be flown on this balloon during the next 12 months: |       |
| Approximate No. of hours flown during the winter months each year: |       |
| **Use** | Private Business and Pleasure 100% Commercial Use 100% **or** |
| Percentage of: | Private Business and Pleasure Use |       | Commercial Use |       |
| Balloon(s) Used for Instruction: YES NO  | *If yes, please provide the following information* |
| Number of hours for training last 12 Months: |       | Anticipated number of hours for training next 12 months: |       |
| Number of Students last 12 months: |       | Anticipated number of students next 12 months: |       |
| Percentage of use for ab initio training: |       | Percentage of use for recurrency training: |       |
| **Balloon 2** |
| Make, Model, Registration No. |       |
| Year Envelope Built: |       | Envelope Size: |       |
| Maximum No. of passenger, excluding pilot: |       | No. of Burners: |       |
| Is the balloon a special Shape?: | YES NO  | If yes, please describe shape: |       |
| No. of expected hours to be flown on this balloon during the next 12 months: |       |
| Approximate No. of hours flown during the winter months each year: |       |
| **Use** | Private Business and Pleasure 100% Commercial Use 100% **or** |
| Percentage of: | Private Business and Pleasure Use |       | Commercial Use |       |
| Balloon(s) Used for Instruction: YES NO  | *If yes, please provide the following information* |
| Number of hours for training last 12 Months: |       | Anticipated number of hours for training next 12 months: |       |
| Number of Students last 12 months: |       | Anticipated number of students next 12 months: |       |
| Percentage of use for ab initio training: |       | Percentage of use for recurrency training: |       |
| **Leinholder** (complete if applicable) |
| Name: |       |
| Address: |       |
| Insurance Requirements:  |       |
| **Pilot Information** |
| **Pilot 1** |
| Name: |       | Age: |       | Licence Type: |       |
| Ratings, Endorsements: |       |
| Total Hours Flown: |       | Total PIC hours flow: |       |
| No. hours flown in the past 12: |       | No. hours flying special shape balloons: |       |
| Day of last safety seminar, Transport Canada CAR? |       |
| Day of last self-study course, Transport Canada CAR? |       |
| **Claims, Accident, Violations, Incidents**(Please provide details of all claims occurring during the last five years). |       |
| **If you are a Commercial Balloon Pilot please complete the following.** |
| Year obtained 50 hours: |       |
| Do you use a waiver: | YES NO  | Do you have a special Operator’s certificate? | YES NO  |
| **Pilot 2** |
| Name: |       | Age: |       | Licence Type: |       |
| Ratings, Endorsements: |       |
| Total Hours Flown: |       | Total PIC hours flow: |       |
| No. hours flown in the past 12: |       | No. hours flying special shape balloons: |       |
| Day of last safety seminar, Transport Canada CAR? |       |
| Day of last self-study course, Transport Canada CAR? |       |
| **Claims, Accident, Violations, Incidents**(Please provide details of all claims occurring during the last five years). |       |
| **If you are a Commercial Balloon Pilot please complete the following.** |
| Year obtained 50 hours: |       |  |  |
| Do you use a waiver: | YES NO  | Do you have a special Operator’s certificate? | YES NO  |
| **If you require additional Insureds to be added to your policy please advise their full names and addresses.** |
| **1** | **Full Name:** |       |
| **Address:** |       |
| **2** | **Full Name:** |       |
| **Address:** |       |
| **3** | **Full Name:** |       |
| **Address:** |       |
| **4** | **Full Name:** |       |
| **Address:** |       |

**Please be advised that all premiums are minimum and retained and that there is no return premium for reduction in coverage.**

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.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 .**

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|   **Signature:** |  | **Date:** |  |