**NACORA INSURANCE BROKERS LTD.**

## **77 Foster Crescent, Mississauga, Ontario L5R 0K1**

**Tel 905-507-1551/Toll Free 1-800-761-4938/Fax 905-507-2882**

**maria.cannone@nacora.com**

# PRIVATE AIRCRAFT INSURANCE APPLICATION

|  |  |
| --- | --- |
| Named Insured: |       |
| Contact Person: |       |
| Address:  |       |
| Bus. Phone: |       | Res. Phone:  |       |
| Fax No.: |       | E-mail Address: |       |
| Current insurer: |       | Renewal Date:  |       |
| Claims, Accidents, 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)** | **Number of Passenger Seats (excluding 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?  |       |
| Lienholder – name, address:       Insurance requirements:       |

#### **Pilot Information (Provide full details for any additional pilots if required):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **License Type****and Ratings** | **Total****Time** | **Multi Time** | **Float****Time** | **Rotary****Wing Time** | **RG****Time** | **Time on Type** | **Total****Last 12 Months** |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |

Claims, Accidents, Violations (Please provide details of all claims occurring during the last five years):

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|       |

**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**

|  |  |  |
| --- | --- | --- |
| Signature:       |  | Date:       |