

AIRCRAFT MAINTENANCE LIABILITY INSURANCE APPLICATION

General Information

1. Name of Applicant: _____
2. Contact Person: _____
3. Mailing Address: _____
 Phone Number: _____ Email Address: _____
4. Are you a member of an AME Association? **Yes** **No** Membership No.: _____
5. Are you an Approved Maintenance Organization?
6. Do you currently have this type of insurance: **Yes** **No**

 If Yes, please provide: Renewal date: _____ Insurance Company: _____
 If No, have you ever carried this Insurance before:
7. Applicant is: Individual Partnership Corporation
8. Business of Applicant:
 (a) aircraft maintenance (b) aircraft engine overhaul
 (c) manufacturer (d) other, describe _____
9. Applicant is: *(mark each category that applies to you)*
 (a) hangar owner (b) lessee/tenant of hangar or office space
 (c) off airport (d) other, describe _____
10. Detail of any hangars you own or occupy:
 Age Size Construction Heating Sprinklered
 Yes **No**

 Yes **No**
11. Are you the sole occupant of the hangar(s):
 If No, advise other occupants:
 1. _____ 3. _____
 2. _____ 4. _____
12. Describe fire protection facilities: _____
13. How long has applicant been in business: _____
14. Number of Employees: **Full Time** **Part Time**
 Aircraft Maintenance Engineers _____ _____
 Casual Labor _____ _____
 Apprentices _____ _____
 Clerical Staff _____ _____
15. List all *Airport* locations:
 Location Premises Occupied

16. List all *off Airport* locations:
 Location Premises Occupied

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17. List equipment operated airside: *[insert the **number** of vehicles]:*
 Passenger vehicles _____ Other vehicles, describe: _____
- Yes No
18. Do you anticipate any construction work on your property in the next 12 months:
 If Yes, then provide details:
19. Has the Applicant entered into any written agreement whereby either the applicant holds harmless and indemnifies others or is held harmless and indemnified by others:
 If Yes, please provide details.
20. Name and address of Additional Insured, Mortgagee and/or Loss Payee:
21. List all claims for the past 5 years including incidents which could result in a claim:
- Yes No
22. Has any insurer ever cancelled, declined or refused to renew this type of insurance:
 If Yes, please provide details:

Hangarkeepers Coverage

1. Number of third party aircraft usually hangered, tied down or parked (state number): _____
 Maximum value of any one aircraft \$ _____ Make and Model _____
 Maximum value of all aircraft \$ _____ Usual makes and models _____
- Yes No
2. Does anyone test fly or ferry customers' aircraft:
 If Yes, please advise: Maximum Hull Value: _____
 Maximum Passenger Seating Capacity: _____

Pilot Details:

	Name	Age	Licence Type and Ratings	Total Time	Total Last 12 Months	Multi Time	Float Time
1							
2							
3							

- Yes No
- Have any pilots had any Accidents, Claims, Violation or Claims in the last 5 Years:

If Yes, please provide details:

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Products Coverage

<p>1. Gross Receipts of Applicant: (Please complete as applicable)</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center; width: 20%;">Past 12 months</td> <td style="text-align: center; width: 20%;">Next 12 months</td> </tr> <tr> <td>Labour from routine maintenance</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>All parts installed</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>New parts not installed</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Used parts not installed</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Avionics sales not installed</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Sale of Fuel and Lubricants</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Labour from airframe repair/overhaul</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Labour from engine repair/overhaul</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Labour form avionics repair/overhaul</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Other</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Describe:</td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		Past 12 months	Next 12 months	Labour from routine maintenance			All parts installed			New parts not installed			Used parts not installed			Avionics sales not installed			Sale of Fuel and Lubricants			Labour from airframe repair/overhaul			Labour from engine repair/overhaul			Labour form avionics repair/overhaul			Other			Describe:			<p>2. Indicate types of aircraft usually worked upon:</p> <table border="0" style="width: 100%;"> <tr> <td>Single engine piston</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Twin engine piston</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Turbine</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Small jet</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Large jet</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Floatplanes</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Helicopters</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Single engine piston	<input type="checkbox"/>	Twin engine piston	<input type="checkbox"/>	Turbine	<input type="checkbox"/>	Small jet	<input type="checkbox"/>	Large jet	<input type="checkbox"/>	Floatplanes	<input type="checkbox"/>	Helicopters	<input type="checkbox"/>
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3. Percentage of Fixed Wing Receipts: _____ % Percentage of Rotary Wing Receipts: _____ %

4. Details of principal Engineers:

Name	Type of Licence	Years Experience	Years Employed by Applicant	Any claims	
				Yes	No
1. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

5. If Yes to claim in 4 above, please advise details:

Declarations and Coverage

1. Are there any further details or comments that Applicant would like to state to describe the operation: Yes No

If Yes, please provide details:

2. Starting coverages and limits:
If higher limits or additional coverages are required, please amend the following or let us know.

Coverage	Limit Each Aircraft	Limit Each Occurrence
(a) Premises and Operations		\$ _____
Extension for Tenants Legal Liability		\$ _____
(b) Hangarkeepers Liability	\$ _____	\$ _____
(c) Products Liability		\$ _____
(d) Tools and Equipment Coverage		\$ _____

3. I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of any contract between myself and the Insurance Company.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____