HANGAR INSURANCE APPLICATION

☐ NEW BUSINESS ☐ POLICY RENEWAL

Applicant

Name of applicant:		Occupation:
Mailing address:		
Province:		Postal code:
Home phone:	Office phone:	Mobile phone:
Email:	Website:	

Property Details

	Location / Building # 1	Location / Building # 2
Building address:		
Year built:		
Area in square feet:		
Type of construction – Building:		
Hangar type:		
Age / type of construction – Roof:		
Alarm system:	☐ Monitored ☐ Local ☐ None	☐ Monitored ☐ Local ☐ None
Building replacement cost:		
Occupancy: (Use of hangar):		
Plumbing type:		
Heating type:		
Electrical:		
List improvements to hangar:		
Year of updates:		

Is the hangar a stand-alone hangar or part of multi hangar building. ☐ Standalone building ☐ Multi hangar building

Do you rent out space in your hangar? ☐ Y ☐ N | If yes, how much annual rental income do you make?

Distance to fire hall: | Distance to fire hydrant:

Please attach a picture of the property when you submit the application.

Coverage Details

Please state coverage amount required:	Location / Building # 1	Location / Building # 2
Building:	$ ☐ Not Required	$ ☐ Not Required
Office equipment:	$ ☐ Not Required	$ ☐ Not Required
Tools:	$ ☐ Not Required	$ ☐ Not Required
Equipment:	$ ☐ Not Required	$ ☐ Not Required
Mobile equipment:	$ ☐ Not Required	$ ☐ Not Required
Earthquake:	☐ Y ☐ N	☐ Y ☐ N
Flood:	☐ Y ☐ N	☐ Y ☐ N
Extra expense coverage:	$ ☐ Not Required	$ ☐ Not Required

Please state coverage amount required:	Location / Building # 1		Location / Building # 2	
Products liability:	$	☐ Not Required	$	☐ Not Required
Premises liability:	$	☐ Not Required	$	☐ Not Required
Hangarkeepers liability:	$	☐ Not Required	$	☐ Not Required
Environmental liability:	$	☐ Not Required	$	☐ Not Required
Tenants legal liability:	$	☐ Not Required	$	☐ Not Required

Loss Payee

Name of applicant:	Occupation:
Mailing address:	
Province:	Postal code:

Airport

Name of airport:			Airport identifier code:
Fenced perimeter:	☐ Y ☐ N	Type of secured access:	
Control tower:	☐ Y ☐ N	If yes, hours of operation:	
Fire department on site:	☐ Y ☐ N	Type of fire department:	
Repair / service work in hangar:	☐ Y ☐ N	If yes, distance to hangar:	
Painting in hangar:	☐ Y ☐ N		

Insurance History

Do your currently have insurance on these hangars? ☐ Y ☐ N		If yes, what is your renewal date:
Current insurance company:		Annual Premium: $
Any claims in the last 5 years: ☐ Y ☐ N	How many:	Amount of claims: $

If yes, provide details:

Notes

Declaration

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Applicant's Signture **Date**