



Park Aviation Services Ltd.

#380 – 18799 Airport Way, Pitt Meadows, BC, V3Y 2B4

Telephone: 1-888.917.1177

Fax: 1-866.372.2755

www.parkaviation.ca

COMMERCIAL AIRCRAFT APPLICATION

NEW POLICY

RENEWAL POLICY

COMPANY NAME: _____ BUSINESS TEL: _____
 CONTACT NAME: _____ BUSINESS FAX: _____
 ADDRESS: _____ EMAIL: _____
 _____ HOW DID YOU HEAR ABOUT US? _____

CURRENT INSURER: _____ EXPIRY DATE: _____

PRINCIPAL:
 OWNER: _____ MOBILE NUMBER: _____
 CHIEF PILOT: _____ MOBILE NUMBER: _____
 OPS. MANAGER: _____ MOBILE NUMBER: _____

FACILITIES:
 BASES: _____
 DESCRIPTION: _____

OPERATIONS:
 HOW LONG HAVE YOU BEEN IN BUSINESS: _____ YEARS
 DO YOU ADVERTISE IN THE UNITED STATES _____ YES _____ NO
 DESCRIBE ANY OPERATIONS YOU HAVE INVOLVING FLIGHT INTO THE USA: _____
 ARE ALL YOUR EMPLOYEES COVERED BY WORKERS COMPENSATION? IF NOT, EXPLAIN: _____

AIRCRAFT DETAILS:

REG #	MAKE & MODEL	HULL COVERAGE REQUIRED	AGREED VALUE	CONFIG.	# OF SEATS	LIMIT OF LIABILITY	UTILIZATION EXPECTED	
							DAYS	HOURS

PLEASE USE SEPARATE SHEET IF REQUIRED.

SPARES: (PARTS, EQUIPMENT, TOOLS, GROUNDHANDLING, ETC)
 TOTAL VALUE OF SPARES: \$ _____
 MAXIMUM AT ANY ONE LOCATION: \$ _____
 ARE YOUR SPARES COMPUTERIZED? _____ YES _____ NO

PILOT DETAILS:								
NAME	AGE	TOTAL TIME	TOTAL FLOATS	TOTAL M/E	TIME ON TYPE	AIRCRAFT TO BE FLOWN	TOTAL LAST 12 MONTHS	ACCIDENTS

OPERATION CHECKLIST				
	%	REGULAR	OCCASIONAL	NOT ANTICIPATED
Schedule Work				
Charter				
Flying Club				

CHARTER WORK (BREAKDOWN THIS WORK BY CARGO & POPEL LISTED BELOW)				
Cargo				
Transportation of people in course of their work				
Sightseeing or Tourism (including guests to Lodges)				
i) Canadian Residents				
ii) US or foreign residents				

SPECIFIC WORK				
Survey – mapping, seismic, aerial photography				
Power or pipeline patrol				
Traffic Patrol				
Air Ambulance				
Rental				
Training – Ab Initio				
- Advance				
Spraying – Agricultural or Forestry				
Heli-Skiing				
Heli-Logging				
Other				

LOSS & VIOLATION HISTORY
GIVE A BRIEF DESCRIPTION OF ANY ACCIDENTS THAT YOU, YOUR OPERATION OR ANY OF YOUR PILOTS HAVE HAD IN THE PAST 5 YEARS, INCLUDING DATE OF LOSS, DETAILS OF THE ACCIDENT & AMOUNT OF THE LOSS

I declare that the statements and declaration given are true and that no information has been withheld that might influence acceptance of this proposed insurance. I agree that the statements and declarations given above and signed by me shall be the same basis of any contract between me and Park Aviation Services Ltd.

This application does not commit Park Aviation Services Ltd to any liability and does not make the applicant liable for any premium unless and until Park Aviation Services Ltd agrees in writing that coverage has been bound.

Signature of Applicant: _____

Date Signed: _____