



PRIVATE AIRCRAFT INSURANCE APPLICATION

PARK AVIATION SERVICES LTD.
#380 - 18799 Airport Way,
Pitt Meadows, BC, V3Y 2B4
Telephone: 888-917-1177
Fax: 866-372-2755
www.parkaviation.ca

IMPORTANT: This application for insurance cannot be processed unless it is completed in full, including the "Hours Logged" section of this form: Lifetime - All Aircraft, Make & Model and Last 12 Months - All Aircraft, Make & Model. This form must be completed by the applicant.

FIRST NAME _____ LAST NAME: _____ HOME PHONE _____
 COMPANY _____ WORK PHONE _____
 ADDRESS _____ : 5L BI A 69F _____
 CITY _____ PROV _____ POSTAL _____ 79@D<CB9 _____
 EMAIL _____ OCCUPATION: _____

TYPE OF AIRCRAFT
 REGISTRATION: _____
 YEAR: _____
 MAKE: _____
 MODEL: _____
 # OF PAX SEATS: _____

AIRCRAFT STORAGE & RUNWAY INFO
 HOW IS YOU'RE A/C STORED? _____
 DO YOU OWN THE HANGAR? _____
 AIRPORT BASE _____
 TYPE OF AERODROME? _____
 RUNWAY SURFACE? _____
 IF PRIVATE, WHAT IS THE LENGTH? _____
 DO YOU OWN THE STRIP? _____
 IF YES, HOW MANY AIRCRAFT ON SITE: _____

HULL VALUE
 LANDPLANE \$ _____
 SKI PLANE \$ _____
 SEA PLANE \$ _____
 AMPHIBAN \$ _____

USE OF AIRCRAFT
 AIRCRAFT USE:
 DO YOU CHARGE ANYONE FOR USING YOUR AIRCRAFT? YES NO
 DO YOU RENT OUT YOUR AIRCRAFT TO OTHERS? YES NO

INSURANCE COVERAGE REQUIRED
 HULL COVERAGE: _____
 THIRD PARTY LIABILITY: _____
 PASSENGER LIABILITY LIMIT: _____

DO YOU REQUIRE OUT OF PROVINCE MEDICAL / HOSPITAL COVERAGE? YES NO
* If you have selected YES, one of our agents will call to obtain additional information if required.

| | | |
|----------------------------------|-----------------------|----|
| DO YOU CURRENTLY HAVE INSURANCE? | YES | NO |
| RENEWAL DATE: _____ | ANNUAL PREMIUM: _____ | |
| CURRENT INSURANCE COMPANY: _____ | | |
| HOW DID YOU HEAR ABOUT US? _____ | | |
| NOTES / COMMENTS: _____ | | |

PILOT INFORMATION
 FULL NAME _____
 BIRTHDATE _____
 LICENSE NUMBER _____
 LICENSE TYPE NOW HELD
 Student Private
 Recreation Commercial
 Ultra Light ATP
 VALID RATINGS / ENDORSEMENTS
 Night IFR
 Multi Sea
 OTT CLT

| | | PIC | DUAL | TOTAL |
|-----------------------|------------------------------|----------------------------|------|-------|
| HOURS LOGGED | LIFETIME | ALL AIRCRAFT | | |
| | | ON MAKE & MODEL | | |
| | | FLOAT | | |
| | | MULTI-ENGINE | | |
| | | TAIL WHEEL | | |
| | | HELICOPTER | | |
| | | CONSTANT PROP | | |
| | | RETRACT | | |
| LAST 90 DAYS | ALL AIRCRAFT * | | | |
| | THIS MAKE & MODEL | | | |
| LAST 12 MONTHS | ALL AIRCRAFT * | | | |
| | THIS MAKE & MODEL | | | |

DURING THE LAST 5 YEAR HAV YOU HAD ...

| | | |
|---|------------------------------|-----------------------------|
| 1. ANY LICENSE LIMITATIONS OR CITATIONS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. AVIATION ACCIDENTS OR CITATIONS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. CONVICTIONS OR SUSPENSIONS FOR OPERATING A VEHICLE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. ARRESTS FOR OPERATING A VEHICLE RECKLESSLY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. ARRESTS FOR OPERATING A VEHICLE UNDER THE INFLUENCE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. AVIATION CLAIMS OR INCIDENTS THAT MAY RESULT IN CLAIM? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PILOT HISTORY

SUMMARIZE ANY TRAINING COMPLETED IN THE LAST 12 MONTHS

| DATE | TRAINING DETAILS |
|------|------------------|
| | |
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By typing your name in the signature field of this application you 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.

APPLICANTS SIGNATURE: _____ **DATE:** _____



ADDITIONAL PILOT INFORMATION

Park Aviation Services Ltd.
380 – 18799 Airport Way
Pitt Meadows, BC, V3Y 2B4
Telephone: 888-917-1177

For aircraft with a single pilot this page is not required

www.parkaviation.ca

This application supplemental forms part of the application for aviation insurance for...

Insured's Name: _____

Aircraft Make: _____

Model: _____

I-DENT #: _____

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PILOT # _____ DETAILS

PILOT INFORMATION

FULL NAME _____

BIRTHDATE _____

LICENSE NUMBER _____

LICENSE TYPE 1 NOW HELD ___ Student ___ Private
 ___ REC ___ Comm
 ___ UL ___ ATP

LICENSE TYPE 2 NOW HELD ___ Night ___ IFR
 ___ Multi ___ Sea

INSTRUMENT GROUP: _____

RATINGS: VALID TO: _____
 INSTRUCTOR CLASS: _____
 VALID TO: _____

PILOT # _____ DETAILS

PILOT INFORMATION

FULL NAME _____

BIRTHDATE _____

LICENSE NUMBER _____

LICENSE TYPE 1 NOW HELD ___ Student ___ Private
 ___ REC ___ Comm
 ___ UL ___ ATP

LICENSE TYPE 2 NOW HELD ___ Night ___ IFR
 ___ Multi ___ Sea

INSTRUMENT GROUP: _____

RATINGS: VALID TO: _____
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 VALID TO: _____

PIC DUAL TOTAL

HOURS LOGGED

| | ALL AIRCRAFT | PIC | DUAL | TOTAL |
|-----------------------|------------------------------|------------------------------|------|-------|
| | LIFETIME | THIS MAKE & MODEL | | |
| FLOAT | | | | |
| MULTI-ENGINE | | | | |
| TAIL WHEEL | | | | |
| CONSTANT PROP | | | | |
| RETRACT | | | | |
| LAST 12 MONTHS | | ALL AIRCRAFT * | | |
| | THIS MAKE & MODEL | | | |

PIC DUAL TOTAL

HOURS LOGGED

| | ALL AIRCRAFT | PIC | DUAL | TOTAL |
|-----------------------|------------------------------|------------------------------|------|-------|
| | LIFETIME | THIS MAKE & MODEL | | |
| FLOAT | | | | |
| MULTI-ENGINE | | | | |
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| RETRACT | | | | |
| LAST 12 MONTHS | | ALL AIRCRAFT * | | |
| | THIS MAKE & MODEL | | | |

DURING THE LAST 5 YEAR HAVE YOU HAD ...

PILOT HISTORY

1. ANY LICENSE LIMITATIONS OR CITATIONS? YES NO
2. AVIATION ACCIDENTS OR CITATIONS? YES NO
3. CONVICTIONS OR SUSPENSIONS FOR OPERATING A VEHICLE? YES NO
4. ARRESTS FOR OPERATING A VEHICLE RECKLESSLY? YES NO
5. ARRESTS FOR OPERATING A VEHICLE UNDER THE INFLUENCE? YES NO
6. AVIATION CLAIMS? YES NO

SUMMERIZE ANY TRAINING COMPLETED IN THE LAST 12 MONTHS

| DATE | TRAINING DETAILS |
|------|------------------|
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To assist us in obtaining the best possible rates for you please make sure that ALL SECTIONS are completed in full.

For additional pilots please visit www.parkaviation.ca and download an Aviation Application Pilot Supplemental