

Aircraft Application Form

Brockville Flying Club
4620 Airport Road
Brockville, ON K6V 5T7

Business or occupation of Insured:

Current Insurer: _____

EXPIRY DATE: _____

Aircraft Details:

Aircraft Registration **C-GQCS** Year **1974** Make and Model **Cessna 172M** Px Seats (excluding pilot seat) **3**

Value _____ Wheels \$ **65,000**

Aircraft is usually based at **Brockville** Hangared **XXX**

Use of Aircraft: **Pleasure**

Pilots:	Pilot 1	Pilot 2
Name		
Age		
Total flying time		
Total flying time last 12 months		
Total time on aircraft stated above		
Total time on Floats		
Total time taildragger		
Total multi engine PIC time		
Total retractable time		
License Type & Number		
Endorsements to license		
Accidents / Violations in the last 5 years - explain		

Coverages Required:

Hull - All Risks Flight and Ground

All Risks Ground Including Taxying

All Risks Excluding Taxying

Liability

\$1,000,000 BI/PD (Bodily Injury Property Damage Excluding passengers.

\$1,000,000 BI/PD Excluding passengers PLUS \$100,000 Passenger Legal Liability

(PPL).

\$1,000,000 BI/PD/PLL (no passenger sub limit)

Other Limits (State Limit required) :

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/we agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurer. I/we further agree that The Underwriter may investigate any qualifications or statements contained above, through any source including through the Privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by the Underwriter in writing.

Date: _____

Applicant's Signature: _____

Please include photocopy of your current medical stamp with your membership application.