



Aviation Insurance Program
Programme d'assurance aérienne



The Magnes Group Inc.
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VIP BRONZE - NON-OWNED AIRCRAFT APPLICATION (FOR INDIVIDUALS ONLY)										
Named Insured:										
Address:				City:		Postal Code:				
Phone Numbers:		Home:		Work:		Cell:				
Email Address:				Fax:						
COPA Membership #:		Occupation:			Date of Birth:					
You do not need to be a COPA Member to get a quote, but you do need to be a COPA Member to purchase a Policy under the COPA Program.										
Total Logged Hours:			Last 12 Months:							
License/Permit:		<input type="checkbox"/> Student <input type="checkbox"/> Rec <input type="checkbox"/> Ultra-light <input type="checkbox"/> Ultra-Light with Passenger Carrying <input type="checkbox"/> Pvt <input type="checkbox"/> Comm <input type="checkbox"/> ATP <input type="checkbox"/> Helicopter								
Your Ratings:		<input type="checkbox"/> Instructor <input type="checkbox"/> Other:				Will you be using an aircraft for more than 30 consecutive days? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What type of aircraft do you typically fly:					PIC Time on Type:					
Is the aircraft:		<input type="checkbox"/> Floats <input type="checkbox"/> Multi Engine <input type="checkbox"/> Rotary								
Aircraft Use:		<input type="checkbox"/> Private Business & Pleasure <input type="checkbox"/> Commercial				<input type="checkbox"/> Instruction:				
Have you had any accidents/incidents/claims or violations in the past 3 Years:										
Coverage Details – Please choose liability limit from either Option A or Option B but not both:										
Option A:										
1. Desired Third Party Bodily Injury/Property Damage Liability Limit:					<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000					
2. Desired Passenger Liability Limit to supplement Third Party:					<input type="checkbox"/> \$0 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000					
Option B:										
3. Desired Combined Single Liability Limit Bodily Injury & Property Damage, Including Passengers:					<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000					
If you've selected #2 or #3 above, what is the maximum # of passengers you wish to cover?						<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Declined Passenger Liability				
Desired Non-owned Physical Damage Hull Coverage:				<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> Decline Physical Damage Coverage						
Do you need to add your employer as an additional insured?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
Name of Employer:										
If different limits or coverages are desired, please explain in the space provided:										
Would you like to receive information about any of these insurance products?					<input type="checkbox"/> Hangar		<input type="checkbox"/> Business		<input type="checkbox"/> Life	<input type="checkbox"/> Home/Auto
I Declare that the information provided is 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 shall be the basis of the contract between the undersigned and the Insurer. This Application does not commit the Insurer to any liability nor make the Applicant liable for any Premium unless and until the Insurer agrees in writing that coverage has been bound.										
Date:		Signature:								

To get a quotation under the **COPA** VIP Aviation Insurance Program you do not have to be a member of **COPA**, but in order to purchase a policy, you must be a **COPA member and your membership** must be valid during the entire policy term. If your membership is not valid at the time of an occurrence your policy will not pay for any loss, damage, or liability claims as a result of that occurrence.