



Aviation Insurance Program
Programme D'assurances Aériennes



The Magnes Group Inc.
7030 Woodbine Avenue, Suite 801
Markham, ON L3R 6G2
T 1.855.VIP.COPA (847.2672) F 905.889.0205
www.magnesaviation.com/COPA vipcopa@magnesaviation.com

PRIVATE AIRCRAFT APPLICATION				
Aircraft Owner:				
Address:		City:	Postal Code:	
Expiry:		Insurer:		
Phone Numbers:	Home:	Work:	Cell:	
Email Address:	Fax:		Code:	
Are you a member of any Aircraft Associations or Affiliates?				
Association/Affiliate:			Membership#:	
Aircraft Details				
Aircraft:	Registration	Year	Make & Model	# of Seats Excluding Pilot(s)
Aircraft is based where (winter/summer):				
If Private Strip, please detail surface, length, width, any obstructions:				
Aircraft is:	<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down <input type="checkbox"/> Moored			
Aircraft Use:	<input type="checkbox"/> Private Business & Pleasure <input type="checkbox"/> Commercial <input type="checkbox"/> Other, please explain:			
If the aircraft is hangared, do you own or lease?				
State Geographic Areas of Operation:				
Lienholder/Loss Payee:				
Additional Insured:				
Name & Address				
Expiring Value:	\$	\$	\$	\$
	Wheels / Helicopter	Skiplane	Floatplane	Amphibian
Engine hours since new / last major overhaul (whichever is more recent):				
Does the value represent present market value (including applicable taxes)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If not, the amended value is:	\$	Reason:		
Coverage Details				
Desired Hull Coverage:	In Motion & Not In Motion <input type="checkbox"/> Not In Motion <input type="checkbox"/> No Hull Coverage <input type="checkbox"/>			
Desired Liability Limit:	\$	Combined Single Limit (Including Passengers)		
OR	\$	Third Party Bodily Injury and Property Damage	\$	Per Passenger
If different limits or coverages are desired, please explain in the space provided:				

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.

Pilot Details					
	Pilot 1	Pilot 2	Pilot 3	Pilot 4	Pilot 5
Name					
Occupation					
Date of Birth (mm/dd/yy)					
Type of License \ Permit					
Type of Rating(s) \ Endorsement(s)					
Accidents, Claims, Incidents or Violations within the last 5 years?					
Proficiency Training in the Last 12 Months					
Total Time					
Total Time on Make and Model					
Total Time Floats					
Total Time Amphibian					
Total Time Retractable					
Total Time Taildragger					
Total Time Skis					
Total Time Multi Engine					
Total Time Turbine					
Total Time Rotary					
Time on Make & Model last 90 days					
Time on Make & Model last 12 months					
Total Flying Time last 12 months					
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					
<p>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.</p>					
Date:			Signature:		