

PRIVATE AIRCRAFT APPLICATION – VIP SILVER										
Aircraft Owner:										
Address:				City:		Postal Code:				
Expiry:				Insurer:						
Phone Numbers:		Home:		Work:		Cell:				
Email Address:				Fax:						
COPA Membership # (All Owners):										
<i>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.</i>										
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:				
Expiring Value:		\$		\$		\$		\$		
		Wheels / Helicopter		Skiplane		Floatplane		Amphibian		
Coverage Details										
Desired Hull Coverage:		Not In Motion <input type="checkbox"/>		Work In Progress <input type="checkbox"/>		No Hull Coverage <input type="checkbox"/>				
Desired Liability Limit:		\$		Combined Single Limit (Including Passengers)						
<b>OR</b>		\$		Third Party Bodily Injury and Property Damage (Excluding Passengers)			\$		Per Passenger	
Required Additional Insureds (Name & Address):										
Pilot Details										
		Pilot 1		Pilot 2		Pilot 3		Pilot 4		Pilot 5
Name										
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?										
COPA Membership # (for additional pilots)										
Total Time										
Total Flying Time last 12 months										
Total Time on Make and Model										
Do you own a hangar? Would you like a Hangar Quote?				Y / N						
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:				