



## Compulsory Carriers' Liability Insurance Application Checklist

Operator's Name:  ARN:

Registered by:  Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check Number (ie. Manual Ref.)	Administrator (✓)		Assessor (✓)
5.3.2.2.1		AOC current ?	
5.3.2.2.2		Application for CoC?	
5.3.2.2.3		Application signed by operator?	
5.3.2.2.4		Update carrier details in CLIC/LARP	

### Certificate/Declaration of Insurance

5.3.2.2.5		Are there any carry-over declarations?	
5.3.2.2.6		Insurer stamp/fax transmission no.	
5.3.2.2.7		Declaration signed by insurer?	
5.3.2.2.8		Approved format Dec./Policy Endor.	
5.3.2.2.9		Does Dec. show correct carrier name?	
5.3.2.2.10		Does Dec. show correct carrier ACN?	
5.3.2.2.11		Does Dec. cover aircraft fleet?	
5.3.2.2.12		Is coverage period acceptable?	

### Rejection of an Application

5.3.3		If application rejected, advise applicant	
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### Certificate of Compliance (CoC)

5.3.2.2.13		Attachment stamp on Declaration?	
5.3.2.2.14		Is the CoC in correct format?	
5.3.2.2.15		Carrier name correct?	
5.3.2.2.16		Carrier ACN?	
5.3.2.2.17		Is the CoC number correct?	
5.3.2.2.18		Commence and expiry dates correct?	

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**APPROVED/NOT APPROVED**

Fax No:

Faxed Correctly:

Delegate's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_