

AVIATION PROPOSAL FORM

Proposer's Name (in full)

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Address.....

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.....

Business or occupation.....

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.....

DETAILS OF AIRCRAFT TO BE INSURED

AIRFRAME						ENGINE(S)
Make, type & Series No	Year of construction	Date & No. of current license of C. of A.	Licensed Passenger Seating Capacity	Declared Passenger Seating Capacity for the purpose of insurance	Identification Marks	Number and Type

Price of Aircraft & Date of Purchase (including standard Instruments Equipment)	Present Value (including standard Instruments Equipment)	Details of extra equipment and accessories, if any		Total declared value for the purpose of insurance
			Value	



Please state fully :-

1. Purposes for which the Aircraft will be used.....
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Will the Aircraft be flown at night?.....

2. Territorial Limits for which insurance is required.....
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3. By whom will the maintenance and running repairs be carried out?.....
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4. Where will the Aircraft usually be kept?

Is this a recognised Aerodrome?.....

Is the Aircraft normally kept in a hangar, if so, state construction of hangar?.....
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5. Will Aircraft be taxied by persons other than licensed pilot(s) or competent licensed engineers?.....
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6. Have you previously held an Aircraft Insurance Policy, if so, state name of Insurers.....
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7. Has any Insurance Company or Underwriter at any time:-

- (a) Declined your proposal?.....
- (b) Cancelled or refused to renew your Policy?.....
- (c) Required an increased premium or revised terms?.....

8. Have you entered into any agreement with any other part whereby liability is assumed or denied in respect of the ownership or operation of the Aircraft?

PLEASE STATE DETAILS OF ALL ACCIDENTS AND/OR LOSSES DURING THE LAST THREE YEARS.

Year	No. of Aircrafts owned and/or operated by Proposer	Damage to Aircraft		Third Party & Passenger Liability		Circumstances of Loss
		No. of Accidents	Cost or estimate	No. of Accidents	Cost of Estimate	

ENTER BELOW FLYING RECORD OF PILOTS BY WHOM THE AIRCRAFT WILL BE FLOWN.

Name	Age	Type of Aircraft flown and date of last flight	Flying hours		License			Nature and cause of accidents (if any) during last three years
			Day	Night	No.	Date	Classification	



DETAILS OF INSURANCE REQUIRED

(Delete where not applicable)

Section 1:- **ACCIDENTAL DAMAGE**

- (a) Flight Risks
- (b) Taxying Risks
- (c) Ground Risks
- (d) Mooring Risks (Waterborne)

Section 2:- **THIRD PARTY LEGAL LIABILITY**

Limit of Indemnityany one accident
andin all during currency of Policy

Section 3:- * **LEGAL LIABILITY TO PASSENGERS**

Limit of Indemnity any one PASSENGER

**N.B. :- The limit of indemnity for any one accident equals the indemnity per passenger multiplied by declared seating capacity of the Aircraft.*

Period for which insurance is required.....

I/WE warrant that the aforementioned Aircraft is/are my/our property and the statements and particulars given are true, and that no material information has been withheld or suppressed, and I/WE agree that this proposal signed by or caused to be signed by me/us shall be the basis of, and form part of the contract between me/us and the Underwriters, and to accept a Policy subject to the terms, exclusions and conditions prescribed therein.

Date Signature of Proposer

The composition of this Proposal Form in no way binds the Proposer to complete an insurance, but the answers given herein will form the basis of any insurance contract which may be entered into between Underwriters and the Proposer. Underwriters reserve to themselves the right to decline any proposal without assigning a reason.