



AIRCRAFT INSURANCE PROPOSAL

Please complete all Sections fully; if you require clarification or assistance in any area, please contact our office for guidance

Name of Proposer/Insured

Address

Telephone Number Mobile Number

Facsimile Number Email Address

Period of Insurance From: To:

HULL COVERAGE

Make & Model of Aircraft	Year	Passenger Capacity	Registration Marks	Value for this Insurance
Give full details of Geographical areas for which coverage required				
Aircraft Base			Is Aircraft Hanged?	

LIABILITY COVERAGE

Please state amount of insurance required

Combined Third Party and Passenger Legal Liability	Any one Accident
If separate limit required for Passenger Legal Liability then please specify	Any one Passenger
Cargo & Freight Legal Liability	Any one Accident

PILOTS

Name All Pilots Who May Fly The Aircraft (include accident history under "ACCIDENTS" on following page)

Name All Pilots Who May Fly The Aircraft (include accident history under "ACCIDENTS")	Pilot 1	Pilot 2	Pilot 3
Name			
Date of Birth			
Licences held (PPL, NPPL, CPL, ATPL, DA, etc)			
Split this Flying Experience into appropriate sub-categories according to the type of Aircraft and proposed operation to be Insured here			
Total Time, Fixed or Rotor wing			
For Rotor Wing specify Total Turbine hours if applicable and in make and model.			
For Fixed Wing please specify the following:-			
Single engine hours			



Multi Engine hours			
Retractable Hours			
Hours in aircraft to be Insured			
Hours flown last 12 months			
Tail Wheel hours where applicable			
If applicable please provide hours relating to total Aerobatic hours flown and in make and model			

SIMULATION

Please advise if your pilots attend a full motion flight simulation recurrency organisation. If so please confirm the following for each pilot:		
1. What facility used?		
2. Confirmation they successfully completed the course.	YES	NO
3. What date last completed?		
4. Is recurrency training attended:		
a) Every Six months?	YES	NO
b) Annually?	YES	NO
c) Alternate years?	YES	NO

ACADEMIC REFRESHER TRAINING

Please advise over the last 5 years since you or your Pilots qualified if any refresher training has been undertaken by any pilot at a recognised training organisation on the following subjects:-	
1. What facility used?	
2. Aircraft performance.	Date
3. Aircraft Navigation.	Date
4. Air Law	Date
5. Aviation Weather.	Date
6. Other (specify)	Date

ACCIDENTS, WAIVERS, VIOLATIONS OR CONVICTIONS

Give details of 5-Year accident and claims record of Proposer/Insured and Named Pilots, using separate sheet where necessary INCLUDING Convictions related to non-Aviation activities

Date	Proposer / Insured	Cost	Pilot	Cost



PURPOSE OF USE

(Indicate expected annual utilisation in each Category of Use)

Category of Use	Hours	Category of Use	Hours
Private Business & Pleasure (PB&P) (no operations for Hire and reward)		Pipe Line Patrol	
Non-Scheduled Air Services - Passengers		Emergency Medical Services	
Non-scheduled Air Services - Freight		Fire Patrol	
Scheduled Air Services		Sales and Demonstration	
Rental for PB&P purposes only		Police uses (Please describe fully)	
Hire to other Pilots for Private Use (Rental)		Slung Cargo	
Flying Instruction	(i) Ab-initio	Aerobatics - A) Display B) Competition	
	(ii) Conversion		
	(iii) Advanced		
Dropping of Parachutists		Off-shore Work	
Traffic Control/Patrol/Reporting		Frost Control	
Aero Clubs (indicate activities on this list of Uses)		Banner Towing	
Erection and Construction		Leaflet Dropping	
Film Work (Detail)		Air Ambulance	
Aerial Survey /Photography		Heli-Skiing	
Aerial Application (Detail Type)		Other Uses (Specify)	
Power Line Patrol			
Specify the Operator(s) under whose licence(s) (AOC) any air service will be conducted			

DEFINITIONS FOR PURPOSE OF USE

Private Pleasure	Means use for private and pleasure purposes but NOT use for any business or profession not for hire or reward.
Business	Means the uses stated in Private Pleasure and use for the purpose of the Insured's business or profession but NOT use for hire or reward.
Commercial	Means the uses stated in private pleasure and Business and use for the carriage by the insured of passengers, baggage accompanying passengers and cargo for hire or reward.
Rental	Means rental, lease, charter or hire by the Insured to any person, company or organization for Private Pleasure and Business uses only, where the operation of the Aircraft is not under the control of the Insured. Rental for any other purpose is NOT insured under this Policy unless specifically declared to Underwriters under SPECIAL RENTAL USES in the schedule.
Industrial Aid	Shall mean the uses stated for "PRIVATE PLEASURE" and "BUSINESS" also the transport of Executives, Employees, Guests of the Insured, Goods and Merchandise, but excluding any operation for hire or reward or for instruction.

The above definitions constitute Standard Uses and do not include instruction, Aerobatics, hunting, Patrol, Fire-Fighting, the intentional dropping, spraying or release of anything, any form of experimental or competitive flying, and any other use involving abnormal hazard, but when cover is provided details of such use(s) are stated in the Schedule under SPECIAL USES.



OTHER RISKS

Coverage	Required Coverage	Require Quotation	Details, Sum Insured, Etc.
Spares			
Deductible Insurance			
Excess Liability			
Loss Of Use			
Personal Accident			
Loss of Licence			
Non-Ownership Liability			
Airfield Liability			See following pages
Hangerkeepers Liability			See following pages
Workshop Liability			See following pages
Other			

FINANCIAL OBLIGATIONS

Are you the Sole Owner of the Aircraft?	YES	NO
State Name of any person, Firm or Company having a Financial Interest or a Lien on the Aircraft.		
Does the Lienholder require Breach of Warranty Cover in Respect of such Interest?	YES	NO
If so, state amount of Lien, i.e. outstanding balance (N.B. excluding financial charges)		

AGREEMENTS - HANGARAGE, ETC.

Please note that all copies of agreements in respect of Hangarage, and Repair, Sale of Products (fuels, parts etc.), use of airfields, charter or any other Agreements linked to the aircraft must be disclosed to Insurers since these could contain clauses affecting your rights and, by extension, those of Insurers. The waiving of rights or assumption of liability, without Insurers' knowledge and consent may prejudice your insurance coverage. Copies of any such Agreements should be attached to this proposal and Listed hereunder.

GENERAL LIABILITY INFORMATION

PREMISES LIABILITY

Please describe your main activities at your Premises.	
Does the applicant own or occupy any airport premises? If yes, please list airport name(s)	
How are your premises secured against theft?	
List all buildings (and confirm that they are all within airport confines), hangars, ramps and all other premises to be insured.	
Applicant occupies: All / part of premises and is Owner / Tenant / General lessee of premises	
List all vehicles and mobile equipment, such as aircraft tugs and fuel trucks, used on the airport premises.	
Do you operate the airfield, or act as owners only? If neither, specify exact nature of interest in airfield.	



Are hangars/premises accessible to the public? If not, please describe access prevention system	
Give particulars of construction of hangars / premises e.g. brick / corrugated iron	
Give particulars of processes carried out inside premises: (a) Avionics repair/servicing or replacement only (b) Engines repair/servicing or replacement only (c) Propellers repair/servicing or replacement only (d) Rotor Blades repair/servicing or replacement only (e) Fuselage repair/servicing or replacement only (f) What aircraft checks are performed?	
Do you obtain a waiver from the owner(s)? If so, attach copy of waiver document.	
Limits required: Any one aircraft \$ _____ Any one occurrence \$ _____	

PRODUCTS LIABILITY

Do you sell or distribute aircraft and aircraft parts?	
Description of Insured's aviation activities (e.g. repair station, paint spray shop, refueller, avionics specialist, engine or propeller shop)	
Please attach a copy of your disclaimer	
What types of aircraft do you work on?	
What is the maximum value any one aircraft you work on?	
Indicate your gross receipts earned for any of the following expected in the next twelve months (split Fixed Wing /Rotor Wing):	
Fuel and oil sales (declare gallonage)	\$ _____
Aircraft used parts installed	\$ _____
Aircraft new parts installed	\$ _____
Aircraft used parts sold	\$ _____
Aircraft new parts sold	\$ _____
Labour running maintenance	\$ _____
Labour repair & overhaul	\$ _____
Other	\$ _____
Limit required:	\$ _____

If there is anything else you feel should be mentioned, please add in this area in order to highlight any concerns you may have or other area's you wish to expand on.





DECLARATION

- 1. Are there any further details or comments the applicant would like to state to describe the operation? Yes No
 if yes, provide details:

- 2. Has any Insurer ever cancelled, declined or refused to renew this type of insurance: Yes No
 If yes, provide details:

- 3. I declare that the statements and declarations given are 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 and signed by me shall be the basis of any contract between myself and the Insurer.

- 4. This application does not commit the Insurer to any liability and does not make the applicant liable for any premium unless and until the Insurer agrees in writing that coverage has been bound.

Signature

Position

Date

Please complete and return this document along with any other agreements to Archipelago Insurance Limited so that they may obtain a quotation from an Insurer.

Insurer relies on the proposal form containing all material information about you and that the information is true and complete. Material information is **anything** that may influence an Insurer’s decision to issue a policy or not or to decide on what terms a policy will be offered to you. If you are unsure if something is material, you **must** disclose it.

If there is any change in the information declared after the date you sign this Proposal form and before any cover offered by Insurers commences, you must advise us immediately. Insurers may alter the terms quoted to you in such circumstances.

If you do not make a true and complete disclosure of material information, Insurer’s may elect to cancel your policy or modify the terms on which it was issued. It may prejudice your ability to claim under the policy.

