

AIRCRAFT INSURANCE QUESTIONNAIRE

1) Name of insured: Additional Insureds:
2) Country of Residence:
3) Business of applicant:
4) Aircraft use is: <input type="checkbox"/> Industrial Aid <input type="checkbox"/> Commercial (Please specify details) <input type="checkbox"/> Medevac <input type="checkbox"/> PB+P <input type="checkbox"/> Other (Please Specify) Corporate usage.
5) Geographical Limits:
6) Anticipated utilisation: Hours per year
7) Anticipated utilisation to/from USA: Hours per year
8) Aircraft Base:

9) AIRCRAFT					
Make and Model:	Year:	Regn. No:	Seating Capacity		Physical Damage Agreed Value
			Crew:	Pass:	

10) LIABILITY COVERAGE

Provide figures in US Dollar	LIMIT OF LIABILITY DESIRED	
	EACH PERSON	EACH OCCURRENCE
<input type="checkbox"/> Third Party Bodily Injury &/or Property Damage (Excl. Occupants)		
<input type="checkbox"/> Passenger Bodily Injury Liability		
<input type="checkbox"/> Single Limit Including Passengers		
<input type="checkbox"/> Personal Accident - Crew		
<input type="checkbox"/> Personal Accident - Passengers		

11) PILOT INFORMATION							
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Name	Age	Total Hours	Multi-Engine Hours	Turboprop Hours	Jet Hours	Make and Model Hours	Hours in last 12 Months

12) PILOT TRAINING:
(Give details of type + frequency of recurrent training)

13) CLAIM HISTORY FOR PAST 5 YEARS - INCLUDE DATE OF LOSS, DESCRIPTION AND AMOUNT OF CLAIM FOR THE PILOTS AND APPLICANT:

NON - DISCLOSURE CLAUSE

You must ensure that you are complying with your duty of disclosure of all material matters and particularly that you satisfy yourself as to the accuracy and completeness of the information you provide to Insurers. In this respect you must provide all information, whether favourable or not, which might influence the judgement of a prudent Insurer in determining whether he will take the risk and if so, for what premium and on what terms. Failure to observe this obligation could void any contract entered into from inception and could lead to claims not being met.

Signature:

Date: