

HELICOPTER QUESTIONNAIRE - TURBINE

Name of Insured:

Address:

Telephone No.

Facsimile No.

Year of Construction

Helicopter Type

Registration

Hull

Agreed Value

Passenger

Seating Capacity

Limit of Liability Coverage required:

Combined Single Limit (third party/passenger liability):

<u>Pilots</u>	<u>Age</u>	<u>Licence & Ratings</u>	<u>Total Rotary Wing Hours</u>	<u>Total Rotary Wing Turbine Hours</u>	<u>Hours on Make and Model</u>
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Minimum Experience for Open Pilot Warranty:
(if required)

Approximate Estimated Utilisation: (Including Breakdown if more than one use):
(hours)

Financial interest of any other party:

Normal area of operation:

Uses (delete as
Applicable

- i) Private, pleasure and business**
- ii) Commercial**
- iii) Rental**
- iv) Ab-initio Instruction**
- v) Slung cargo**
- vi) Agricultural**
- vii) Fire fighting**
- viii) Any other (please specify)**

Details of claims by Insured and pilots (if any):

Where is the aircraft based and is it hangared?:

Who maintains the aircraft?:

Renewal date of existing policy:

Existing Insurers:

Signature of proposer _____

Occupation _____

Date _____