

HELICOPTER QUESTIONNAIRE

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):

Regular

Pilots

Ages

Licence/Ratings

Total Rotary

Wing Hours

Total Turbine

Wing Hours and Model

Hours on Make

Minimum Experience for Open Pilot Warranty:

(if required)

Financial interest of any other party:



Correspondent broker of:
HSBC Insurance Brokers, London

Normal area of operation:

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

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) Primary Emergency Medical Services (i.e. from accident site)**
- ix) Secondary EMS (i.e. hospital to hospital)**
- x) 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?:

In what countries is the Helicopter operated?:

Renewal date of existing policy:

Existing Insurers:

Signature of proposer

Occupation

Date
