

Proposal Form

Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

1. General information

- a. Name of the proposer: _____
- b. Address of the proposer: _____

- c. Phone number: _____ d. Fax number: _____
- e. Website address: _____ f. Email address: _____
- g. VAT Tax Registration Number (if applicable): _____
- h. Name of the airport: _____
- i. Is the proposer the owner and/or operator of the airport(s)? _____
- j. Describe the nature of the proposer's aviation-related business: _____

- k. Provide a brief description of any non-aviation business activities of associated companies (e.g., parent, subsidiaries, affiliates, etc.): _____

- l. Period of cover required: _____
- m. What limits of liability are required? _____

2. Aviation premises liability

- a. Location of premises and brief description: _____

- b. Largest aircraft using the airport: _____

- c. Number of employees working at the airport: _____
- d. Number and type of vehicles:
- i) Airside: _____
- ii) Non-airside: _____

3. Hangarkeeper's liability

- a. Number of hangars and aircraft capacity: _____
- b. Average value of any one aircraft: _____
- c. Maximum value of any one aircraft: _____
- d. Average total value of aircraft in any one hangar: _____
- e. Maximum total value of aircraft in any one hangar: _____
- f. Type of aircraft/engines worked on: _____

- g. Do you carry out test flights? Yes No

If yes, please state the number of flying hours per annum and provide details of pilot(s) experience, including number of hours on type:

i) Flying hours per annum: _____

ii) Pilot(s) experience: _____

- h. Do you perform any engine-running/bench testing? Yes No

If yes, please provide the estimated number of hours per annum: _____

4. Non-owner aircraft liability

- a. Please provide details of any chartering of third party aircraft undertaken by your company:

- b. Please provide details of any rental or personal aircraft usage by employees on company business:

5. Aircraft products' liability

a. Please provide full details of the types of activities performed (include brochures where possible) together with aviation turnover during the last 12 months and the estimated aviation turnover for the forthcoming period of insurance:

i) Service and repair

Yes No

Product end use	Last 12 months	Of which USA %	Estimated % for the coming 12 months	Of which USA %
Civil				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Military				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Spacecraft or Space Transportation Systems		%		%
Total				

ii) Refurbishment

Yes No

Product end use	Last 12 months	Of which USA %	Estimated % for the coming 12 months	Of which USA %
Civil				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Military				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Spacecraft or Space Transportation Systems		%		%
Total				

5. Aircraft products' liability (continued)

iii) Sale of aircraft spare parts

Yes No

Product end use	Last 12 months	Of which USA %	Estimated % for the coming 12 months	Of which USA %
Civil				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Military				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Spacecraft or Space Transportation Systems		%		%
Total				

iv) Sale of aircraft

Yes No

Product end use	Last 12 months	Of which USA %	Estimated % for the coming 12 months	Of which USA %
Civil				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Military				
Fixed Wing		%		%
Rotor Wing		%		%
Other		%		%
Spacecraft or Space Transportation Systems		%		%
Total				

5. Aircraft products' liability (continued)

b. Please also provide the types of aircraft worked on: _____

c. Please give details of engine work, including types of engines worked on: _____

d. Please give details of contract wordings or disclaimers or indemnities used by the proposer in connection with work or services (copies of wordings will be of assistance):

e. If previously insured, give details of any paid and outstanding claims over last 5 years or if not previously insured please give details of any incidents which may have given rise to a claim?

6. Miscellaneous

- a. Identifying the underwriters who currently insure your company's other lines of coverage can assist in maximizing your market leverage, in order to further drive down the pricing on your aviation insurance:

Line of coverage	Currently purchased	Current insurer
Director's & Officer's Insurance Personal protection for your company's directors and officers for their professional liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer's Liability To protect your company against liability arising out of injury to your employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor/Automobile To cover physical damage to your company's vehicles and liability arising out of their use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property To cover physical damage to your company's buildings and contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- b. Has any insurance company or underwriter ever in connection with any aviation liability insurance:

- i) Declined your proposal Yes No
- ii) Refused to renew your policy Yes No
- iii) Canceled your policy Yes No
- iv) Required an increased premium or imposed any special conditions at any time Yes No

If the answer to any of the above is yes, please provide full details on a separate sheet.

- c. Is there any other information that you consider relevant. This may include risk management procedures undertaken in the company, quality initiatives (e.g. ISO 9002), product integrity studies and any other risk assessment, identification, or minimization that a company undertakes. (Use separate sheet if necessary).

Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer: _____

Title: _____

Signature: _____

(Signature must be preceded by the handwritten words: Read & Approved)

Stamp: _____

Date: _____

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative.