

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.

APPENDIX 1(A)
1. Pilot information

a. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

b. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

c. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

APPENDIX 1(A)
1. Pilot information (continued)

d. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

APPENDIX 1(B)
1. Pilot information

d. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

APPENDIX 1(B)
1. Pilot information (continued)

a. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

b. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

c. Full name: _____

Age: _____ Licence(s) held: _____

Fixed wing	Hours
Total time	
Single Piston Engine	
Twin Piston Engine	
Single Turbine Engine	
Twin Turbine Engine	
Jet Engine	
Make/Model to be insured	
Type (include names of similar aircraft)	

APPENDIX 2

1. Premises liability

- a. Location of premises: _____
- b. Description of premises: _____
- c. Nature of the business of the Insured
- i) Aircraft owner Yes No
- ii) Aircraft operator Yes No
- d. What are the limits of liability required? GBP: _____ USD: _____ EUR: _____
- Details of the largest Third Party aircraft utilizing the premises: _____
- e. Number of employees working at the premises: _____
- f. Number and type of vehicles:
- g. i) Airside: _____
- ii) Non-airside: _____
- h. VAT Tax Registration Number (if applicable): _____

2. 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 of aircraft in any one hangar: _____
- e. Type of aircraft/engines worked on: _____
- f. Do you perform engine-running/bench testing? Yes No
- g. In respect of engine-running/bench testing, estimated hours per annum: _____
- h. Do you carry out test flights? Yes No
- i. In respect of test flights, estimated flying hours per annum: _____
- j. Full details of test pilot(s): _____
- _____

APPENDIX 2
3. Product 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				

APPENDIX 2
3. Product 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				

APPENDIX 2

3. Product liability (continued)

- b. Details of types of aircraft worked on: _____

- c. Details of engine work including types of engines worked on: _____

- d. On a separate sheet please provide details of contract wordings or disclaimers or indemnities used by the insured in connection with work or services (copies of wordings will be of assistance).
- e. On a separate sheet please provide 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 minimisation that a company undertakes.
- f. On a separate sheet please give details of any claims, including any incidents which may give rise to a claim, which may have occurred over the last 5 years.

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.