

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. Proposal details

- a. Full name and address of the proposer(s): _____

- b. Is coverage required for any subsidiary or associated companies? ☐ Yes ☐ No
If so, please advise details at the end of this questionnaire.
- c. Details of the aircraft to be insured:
i) Make and Model: _____
ii) Year of manufacture: _____
iii) Registration: _____
iv) Agreed value: _____ USD
v) Maximum seating (crew/passengers): _____
vi) MTOW: _____ kg
- d. VAT Tax Registration Number (if applicable): _____

2. Aircraft/Operational details

- a. Uses – what are the aircraft uses:
☐ Business ☐ Medevac ☐ Commercial ☐ Advanced Training
☐ Comm'l Charter ☐ Continuation Training ☐ Private ☐ Demonstration
☐ Other (please specify): _____
- b. Utilization – Estimated hours to be flown each year (Split by uses if applicable): _____

- c. Base airfield: _____
- d. Is the aircraft hangared: _____
- e. Limit of liability quotations required, combined single limit on any one accident:
USD: _____ or USD: _____
- f. Who will maintain the aircraft and where: _____

2. Aircraft/Operational details (continued)

g. Pilot(s) and co-pilot(s) details (attach details of all):

i) Name: _____

ii) Age: _____

iii) Licenses held: _____

iv) Total flying hours: _____

v) Multi-engine jet: _____

vi) Make and model: _____

vii) Is annual recurrency undertaken? ☐ Yes ☐ No

If so, where? _____

h. Has the proposer or pilot(s) made any aviation insurance claims during the past 5 years? ☐ Yes ☐ No

If yes, please advise details including the amount: _____

Also, advise details of any incidents that could have resulted in a claim: _____

i. Geographical area of operation:

i) Typical routes: _____

j. Average passenger load factor: _____

3. Insurance information

a. When is coverage to incept: _____

b. If not a new risk, please advise who is current insurer/details: _____

c. Would you be interested in quotes for other associated risks:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Hull War Risks | <input type="checkbox"/> Personal Accident | <input type="checkbox"/> Loss of Licence | <input type="checkbox"/> Airside Liability |
| <input type="checkbox"/> Premises | <input type="checkbox"/> Spares | <input type="checkbox"/> Products/Hangarkeepers | <input type="checkbox"/> Engine Breakdown |

d. Please provide copies of any insurance/indemnity clauses that may affect coverage.

e. Is the aircraft subject of a loan, rental agreement or other encumbrance, or registered to another party? ☐ Yes ☐ No

If yes, please provide details: _____

f. In connection with aircraft insurance, has any insurance company or underwriter ever:

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| i) Declined to accept your proposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Refused to renew your policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Canceled your policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of these is yes, please give details on a separate sheet.

g. Please advise any other material fact or information that may be considered relevant to potential insurers.

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 effected, 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.