



BUSINESS AVIATION QUESTIONNAIRE

PLEASE FILL IN THE FORM AS ACCURATELY AS POSSIBLE. YOUR QUOTATION MAY BE INVALID IF THE INFORMATION SUBMITTED ON THIS PROPOSAL FORM IS INCORRECT.

1. Please advise the exact name of the insured and any subsidiary / affiliated companies who may operate the aircraft:

2. Complete schedule of aircraft owned or operated by the insured:

	MAKE/MODEL:	REGISTRATION	AGREED VALUE (USD):	SEATING: (CREW / PAX):
a.				
b.				
c.				
d.				
e.				
f.				
g.				

DO YOU REQUIRE AIRSIDE LIABILITY IN RESPECT OF ANY SERVICE AND OUR SUPPORT VEHICLES? IF SO PLEASE LIST THE VEHICLES INVOLVED AND THE REQUIRED LIMITS.

	VEHICLE		LIMITS
a.		USD	
b.		USD	
c.		USD	
d.		USD	

Or Currency Equivalent

For supplementary sheets for additional aircraft / vehicles, please copy this sheet, as required.

3. Do you require spares coverage? If so please advise the limits required:
 (An inventory may be required in respect of this matter)

SPARES VALUE USD Or currency equivalent any one location

4. Will hull war risks coverage be required?

Yes No

5. Please advise that liability limit you require for third parties / passengers:

COMBINED SINGLE LIMIT (THIRD PARTIES / PASSENGERS):

USD Or currency equivalent ANY ONE ACCIDENT OR

THIRD PARTY LEGAL LIABILITY

USD Or currency equivalent ANY ONE ACCIDENT

PLUS PASSENGER LEGAL LIABILITY

USD Or currency equivalent ANY ONE PERSON



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6. Pilot experiences:

	NAME OF THE PILOT	TOTAL TIME	FIXED WING TOTAL TIME:	ROTOR WING TOTAL TIME:	TIME ON MAKE AND MODEL:
a.					
b.					
c.					
d.					
e.					
f.					

Please advise any pilots are aged 59 or over.

Please advise below if any of the above-mentioned name pilots/co-pilots have been involved in any aviation claims or accidents or violations in the last 5 years.

	NAME OF PILOT	DATE OF ACCIDENT	BRIEF DESCRIPTION
a.			
b.			
c.			

7. Please provide the details of all claims or incident violations over the last five years and any events which may be potential losses.

	DATE OF LOSS	PAID	OUTSTANDING
a.		USD	USD
b.		USD	USD
c.		USD	USD

8. Please state exact uses of aircraft and estimated annual utilization of each different use and aircraft (hours):

USES	AIRCRAFT													
	a.		b.		c.		d.		e.		f.		g.	
	a.		b.		c.		d.		e.		f.		g.	
	a.		b.		c.		d.		e.		f.		g.	
	a.		b.		c.		d.		e.		f.		g.	
	a.		b.		c.		d.		e.		f.		g.	

9. Please provide the total number of hours utilization of the last 12 months:

LAST 12 MONTHS TOTAL HOURS

10. Please state the geographic areas of operation required:

PLEASE CONTINUE OVERLEAF



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11. Where is the main operation base?

12. Who will be performing the maintenance? Please specify for each aircraft types as applicable:

13. How will aircraft usually kept when not in use? (hangered / tied down /open).

14. Please provide copies of insurance, finance or lease agreements (if applicable)

15. Do you have insurance currently? If yes, please provide copies of the documentation to enable us to review your cover to ensure the best terms and conditions.

16. When would you want your cover to start?

17. If you have any other additional information which may be of interest to potential underwriters please advise below:

THANK YOU FOR TAKING YOUR TIME TO FILL THIS PROPOSAL FORM, THE INFORMATION WILL BE USED FOR INSURANCE PURPOSES ONLY.

Signature

Name

Position

Firm

Date

