



**Aviation Co-operating
Underwriters Pacific Limited**
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FIXED WING AIRCRAFT INSURANCE PROPOSAL

Period of Insurance:	From: midnight	To: midnight	Both days inclusive
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1. PROPOSERS DETAILS:

Name of Proposer (in full):

Address:

Phone No.

Facsimile.

E-mail

2. PLEASE STATE NAME OF:

Lienholder/Mortgagee

Other Financially interested parties

Lessee (if leased):

Operator (if not Insured)

3. AIRCRAFT DETAILS:

Make & Model

Registration No.

No of Seats

Year of Manufacture

Date of Purchase

New or Used

Does your aircraft have retractable gear? YES NO

Price Paid

Present Estimated Value

Hull with Standard Equipment and Instruments

Additional Equipment (*These will not be included in the above value*)
e.g. Spraygear, GPS Units, Special Avionics

TOTAL Value to be Insured

4. Is **BREACH OF WARRANTY** Insurance required?

YES NO

If YES, for what amount?

\$

5. **PURPOSES OF USE** (The aircraft will only be covered for the purposes indicated)

(WARNING – Check carefully as definitions of use on this form may be different from other in common use)

State expected annual hourly use

a) **PRIVATE PLEASURE.**

YES NO

Definition: private and pleasure purposes but NOT use for any business or profession nor for hire or reward

Hours

b) **BUSINESS**

YES NO

Definition: the uses stated in Private Pleasure and use for the purpose of the Insured's business or profession but NOT use for hire or reward.

Hours

c) **COMMERCIAL.**

YES NO

Definition: the uses stated in Private Pleasure and Business and use for the carriage by the Insured of passengers, baggage accompanying passengers and cargo for hire or reward

Hours

d) **RENTAL**

YES NO

Definition: rental, lease, charter or hire by the Insured to any person, company or organisation for Private Pleasure and Business uses only, where the operation of the Aircraft is not under the control of the Insured. Rental for any other purpose is NOT insured under this Policy unless specifically declared to the Company under (f) "SPECIAL RENTAL USES".

Hours

Purposes of Use (a), (b), (c), and (d) constitute standard uses and DO NOT INCLUDE (e) "Special Uses" unless indicated below and "hours" are stated.

e) **SPECIAL USES** shall be defined as:

INSTRUCTION	TICK ✓ YES	HOURS		TICK ✓ YES	HOURS
(i) Excluding ab-initio	<input type="checkbox"/>	<input type="text"/>	Any form of experimental or competitive flying (please specify)	<input type="checkbox"/>	<input type="text"/>
(ii) Including ab-initio	<input type="checkbox"/>	<input type="text"/>			
Aerobatics	<input type="checkbox"/>	<input type="text"/>			
Hunting	<input type="checkbox"/>	<input type="text"/>			
Patrol	<input type="checkbox"/>	<input type="text"/>			
Fire Fighting	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>		

INTENTIONAL DROPPING/SPRAYING/RELEASE OF E.G.

ANY OTHER USES INVOLVING ABNORMAL HAZARDS

(i) Parachuting	<input type="checkbox"/>	<input type="text"/>
(ii) Spraying/Topdressing	<input type="checkbox"/>	<input type="text"/>
(iii) Other (please specify)	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		

(i) Fish Spotting	<input type="checkbox"/>	<input type="text"/>
(ii) Banner Towing	<input type="checkbox"/>	<input type="text"/>
(iii) Glider Towing	<input type="checkbox"/>	<input type="text"/>
(iv) Aerial Survey/ Photography	<input type="checkbox"/>	<input type="text"/>
(v) Other (please specify)	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>		

SPECIAL RENTAL USES (please describe)

6. **THIRD PARTY LIABILITY** - Select Limit Required:

\$500,000	\$1,000,000	Other \$
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7. **EXTENSIONS** - Is cover required for any of the following? If so please state required sums insured

Passenger Baggage	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sum Insured	\$
Cargo	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sum Insured	\$

8. **PILOTS DETAILS:**
List ALL Pilots. The Aircraft is only covered when piloted by named Pilots listed below

Name	Age	Type of Licence	Total Logged Hours Fixed Wing		Date and details of any Flying Accident or Offence
			All Types	This Type	

9. **ACCIDENTS/LOSSES/OFFENCES OF PROPOSER** (Please state details) - WITHIN LAST 5 YEARS

Date	Pilot	Aircraft Make & Model	Reg. No. ZK-	Details of Accidents/Losses/Offences	\$

10. Will Aircraft be doing beach landings? YES NO
If so, please give details...

11. Will aircraft be operating more than 100 nautical miles from the coast of New Zealand? YES NO
If so, please give details...

12. By whom will the maintenance and running repairs be carried out

13. a) Where will the aircraft usually be kept?
 b) Is this a recognized airfield? YES NO
 c) Is the Aircraft normally kept in a hangar? YES NO
If so, state construction of hangar

14. Have you previously held an Aircraft insurance policy? YES NO
If so, state names of Insurers
15. Has any insurer at any time
- a) declined your proposal? YES NO
- b) cancelled or refused to review your policy? YES NO
- c) required an increased premium, deductible or revised terms? YES NO
16. Have you entered into an agreement with any other party whereby liability is assumed or denied in respect of the aircraft? YES NO
If so, please give details...

DECLARATION

I/WE warrant that the aforementioned Aircraft is/are my/our Property and the statements and particulars given are true, and that no material information has been withheld or suppressed, and I/We agree to accept a Policy subject to the terms, exclusions and conditions therein.

Signed:
 Position:

Name:
 Date:

Note: Completion of this proposal does not bind the Proposer or Aviation Co-operating Underwriters Pacific Ltd to complete this insurance.