



**Aviation Co-operating
Underwriters Pacific Limited**
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AIRCRAFT & AERIAL APPLICATORS LIABILITY PROPOSAL

This Proposal is to be completed by a Director, Partner, Principal or Authorised Officer of the Proposer. The information provided to the Company in this Proposal will be the basis of any contract of insurance entered into. Attention is drawn to the Proposer's obligations at law to disclose all material facts that would affect the issuance of the proposed insurance.

If there is insufficient space to complete the proposal, please attach additional sheets.

Broker

Period of Insurance: From: To:

PROPOSERS DETAILS:

Name of Proposer (in full):

Address:

Phone No.

Facsimile.

E-mail

DETAILS OF COVER:

1. Description of Aircraft used for Topdressing, Spraying, Dusting or Bait-dropping

(a) Make and Model(s)

Registration No(s)

No of Spray-gear/booms
Operating

(b) Is a Smoke Generator fitted?

YES

NO

2. (a) Estimated Annual Utilisation (hours per year)?

Expected 12 months

Last 12 months

12 months prior

	Spraying	Topdressing

(b) Estimated number of hours of night spraying? (If applicable)

3. (a) Operator's Name

(b) Is Operator Spray Safe accredited? YES NO

(c) Are Pilots Spray Safe accredited? YES NO

4. The minimum pilot warranty is 500 hours Fixed wing/Rotor wing Total Time and 250 hours Chemical Time. Please advise details of any pilot who does not meet this warranty: -

5. Please provide details of principal chemicals used.

6. Please provide details of principal crops worked upon and expected location.

7. (a) Accidental **bodily injury** (including death, illness or disease) of other persons \$ any one accident

(b) Accidental loss of or **damage to the property** of other persons \$ any one accident

8. Are you currently insured for Chemical Liability? YES NO

If YES, please provide details

9. Has any Underwriter ever declined a Proposal from you or cancelled or declined to renew your policy or required it to be endorsed or required an increased premium to be paid? YES NO

If YES, please provide details

10. Please provide full details of any known or reported chemical liability claims involving the Proposer/Operator/Pilot in the last five years.

11. Please provide any other information relevant to the risk.

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.