



**Aviation Co-operating
Underwriters Pacific Limited**
69-71 Boulcott Street
PO Box 10-027, Wellington
Telephone (04) 473 5593
Facsimile (04) 472 6774
E-mail admin@aviationcoop.co.nz
Website: www.aviationcoop.co.nz

HOT AIR BALLOON 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.

Period of Insurance:

From:		To:	
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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.

Year of
Manufacture

Max Pax
Capacity

4. THIRD PARTY LIABILITY - Select Limit Required:

\$500,000

\$1,000,000

Other \$

5. PURPOSES OF USE

USES	TICK ✓ YES	HOURS PA	USES	TICK ✓ YES	HOURS PA
Private/Leisure	<input type="checkbox"/>		Pilot Training	<input type="checkbox"/>	
Rental	<input type="checkbox"/>		Parachuting	<input type="checkbox"/>	
Photography	<input type="checkbox"/>		Other (<i>please specify</i>)	<input type="checkbox"/>	
Joy Rides, Air Transport	<input type="checkbox"/>				

TOTAL ESTIMATED HOURS

6. PILOTS DETAILS:

List ALL Pilots. The Hot Air Balloon is only covered when piloted by named Pilots listed below

Name	Age	Qualification	Experience			Claims Accidents
			Years	Flying hours	On Type	

7. OPEN PILOT WARRANTY (if required, please indicate)

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8. 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	\$

9. Have you previously held an Aircraft insurance policy? YES NO
If so, state names of Insurers

10. 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

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: Name:

Position: Date:

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