



Aviation Co-operating
UNDERWRITERS PACIFIC LIMITED

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's Details

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Period of Insurance from to

Proposer's Details

Full name

Address

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Telephone Fax Email

Details of Cover

1. Description of Aircraft used for Topdressing, Spraying, Dusting or Bait-dropping
 - a. Make and Model(s)
 - b. Registration No(s)
 - c. Number of Spray-gear/booms Operating
 - d. Is a Smoke Generator fitted? **YES / NO**

2. Estimated Annual Utilisation (hours per year)?
 - a. Expected 12 months
 - i. Spraying
 - ii. Topdressing
 - b. Last 12 months
 - i. Spraying
 - ii. Topdressing
 - c. 12 months Prior
 - i. Spraying
 - ii. Topdressing
 - d. Estimated number of hours of night spraying? (If applicable)

3. Operator's Name

a. Is Operator Spray Safe accredited? **YES / NO**

b. 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.

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5. Please provide details of principal chemicals used.

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

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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:

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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:

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

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

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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 Dated

Full name Title/Position

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