



Aviation Co-operating
UNDERWRITERS PACIFIC LIMITED

**AVIATION HULL
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**

Proposer's Details

Full name

Address

.....

Telephone Fax Email

Financial Details

- 1. Lienholder/Mortgagee
- 2. Lessee (if leased)
- 3. Other Financially interested parties
- 4. Operator (if not Insured)

Aircraft Details

- 1. Make and Model
- 2. Registration Number
- 3. Year of Manufacture
- 4. Date of Purchase
- 5. New or Used

Third Party Liability

1. Limit Required? **\$500,000 / \$1,000,000 / Other \$**.....

Purposes of Use

Private/Business/Pleasure **YES / NO** Hours PA

Private/Business/Pleasure **YES / NO** Hours PA

Rental for **YES / NO** Hours PA

Private/Business **YES / NO** Hours PA

Survey/Photography **YES / NO** Hours PA

Charter/Air Transport **YES / NO** Hours PA

Ab-initio Pilot Training **YES / NO** Hours PA

Advanced Instruction **YES / NO** Hours PA

Aerobatics **YES / NO** Hours PA

Aerial Agriculture **YES / NO** Hours PA

Corporate Use **YES / NO** Hours PA

- Topdressing **YES / NO** Hours PA

- Spraying **YES / NO** Hours PA

Towing **YES / NO** Hours PA

Parachuting **YES / NO** Hours PA

TOTAL ESTIMATED HOURS

Pilot's Details

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

Full name

Age Type of Licence

Total Logged Hours: All Types This Type

Date and details of any Flying Accident or Offence

.....

Full name
Age Type of Licence
Total Logged Hours: All Types This Type
Date and details of any Flying Accident or Offence
.....

Full name
Age Type of Licence
Total Logged Hours: All Types This Type
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Full name
Age Type of Licence
Total Logged Hours: All Types This Type
Date and details of any Flying Accident or Offence
.....

Open Pilot Warranty

If required, please indicate:
.....
.....
.....
.....

Accidents/Losses/Offences of Proposer

Please state details – within last 5 years:

- 1. Date
 - 2. Pilot
 - 3. Aircraft Make and Model
 - 4. Registration Number ZK-
 - 5. Details of Accident/Losses/Offences
 - 6. \$
-

- 1. Date
 - 2. Pilot
 - 3. Aircraft Make and Model
 - 4. Registration Number ZK-
 - 5. Details of Accident/Losses/Offences
 - 6. \$
-

- 1. Date
- 2. Pilot
- 3. Aircraft Make and Model
- 4. Registration Number ZK-
- 5. Details of Accident/Losses/Offences
- 6. \$

7. Have you previously held an Aircraft insurance policy? **YES / NO**

If so, state names of Insurers:

.....

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8. 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 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.