



Aviation Co-operating
UNDERWRITERS PACIFIC LIMITED

GLIDER INSURANCE
PROPOSAL

Period of Insurance from(midnight) to (midnight)
– Both days inclusive

1. Proposer's Details

Full name

Address

.....

Telephone Fax Email

2. Financial Details

Lienholder/Mortgagee

Lessee (if leased)

Other Financially interested parties

Operator (if not Insured)

3. Glider Details

Make and Model

Registration Number ...ZK-G.....

Number of Seats

Year of Manufacture

Date of Purchase

New or Used

Is your glider motorised? **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. 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 glider 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** **Hours**.....
Definition: private and pleasure purposes but NOT use for any business or profession nor for hire or reward.
- b. **Business** **YES / NO** **Hours**..... Definition:
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.
- c. **Commercial** **YES / NO** **Hours**.....
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.
- d. **Rental** **YES / NO** **Hours**.....
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 glider 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".

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

- i. Excluding ab-initio **YES / NO** Hours.....
- ii. Including ab-initio **YES / NO** Hours.....

Any form of experimental or competitive flying
YES / NO Hours.....

(please specify)

.....
.....

6. **Third Party Liability**

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

7. Pilot's Details

List ALL Pilots. The glider 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

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

Date and details of any Flying Accident or Offence

.....

8. Accidents/Losses/Offences of Proposer

Please state details – within last 5 years:

Date

Pilot

Make and Model

Registration Number ZK-

Details of Accident/Losses/Offences

\$

Date

Pilot

Make and Model

Registration Number ZK-

Details of Accident/Losses/Offences

\$

Date

Pilot

Make and Model

Registration Number ZK-

Details of Accident/Losses/Offences

\$

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

.....

10. a. Where will the glider usually be kept?

b. Is this a recognised airfield? **YES / NO**

c. Is the glider normally kept in a hangar? **YES / NO**

If so, state construction of hangar:

.....

.....

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

If so, state names of Insurers:
.....
.....

12. 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 increase to premium, deductible or revised terms? **YES / NO**

13. Have you entered into an agreement with any other party whereby liability is assumed or denied in respect of the glider? **YES / NO**

If so, please give details:
.....
.....

Declaration

I/WE warrant that the aforementioned Glider 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.