



Aviation Co-operating  
UNDERWRITERS PACIFIC LIMITED

**HELICOPTER INSURANCE  
PROPOSAL**

Insured .....

Owner .....

Operator .....

Policy Period ..... to .....  
both days inclusive

**1. Background information / History of Insured &/or Owner &/or Operator:**

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.....  
.....  
.....  
.....

**2. Bases**

Describe where the helicopter(s) is/are based and what type of Hangar it/they will be stored in:

.....  
.....

**3. Area of Operation**

The majority of flying will take place in:

.....

*(All currencies are in New Zealand Dollars unless otherwise stated)*

**4. Aircraft Schedule**

Registration number ZK-.....

Year, Make and Model .....

Hull Value \$.....

Number of passenger seats .....

Registration number ZK-.....  
 Year, Make and Model .....  
 Hull Value \$.....  
 Number of passenger seats .....

Registration number ZK-.....  
 Year, Make and Model .....  
 Hull Value \$.....  
 Number of passenger seats .....

Registration number ZK-.....  
 Year, Make and Model .....  
 Hull Value \$.....  
 Number of passenger seats .....

**Does any Bank/Finance Company have an interest in the aircraft? YES / NO**  
*If yes, please give details.*

Registration number ZK-.....  
 Name of Lienholder (ie. Bank/Finance Company) .....  
 Amount of loan currently outstanding \$.....

Registration number ZK-.....  
 Name of Lienholder (ie. Bank/Finance Company) .....  
 Amount of loan currently outstanding \$.....

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 Name of Lienholder (ie. Bank/Finance Company) .....  
 Amount of loan currently outstanding \$.....

Registration number ZK-.....  
 Name of Lienholder (ie. Bank/Finance Company) .....  
 Amount of loan currently outstanding \$.....

**5. Equipment**  
*(in addition to Aircraft Hull Values stated above)*

Spray gear - Value \$.....  
 Buckets - Value \$.....  
 Other (please state) ..... - Value \$.....  
 Other (please state) ..... - Value \$.....

**6. Aircraft Spares**

Please state total value of all aircraft spares kept at the Insured's premises \$.....

Please list all items with value greater than \$500,000:

Item (please state) ..... - Value \$.....

Item (please state) ..... - Value \$.....

**7. Liability Limits**

Combined Single Limit for Third Party and Passenger Legal Liability

**\$1,000,000 / \$5,000,000 / 10,000,000 / Other \$ (please state) .....**

**8. Pilots**

Full name .....

Age ..... Licences Held / Ratings Held .....

Rotor Wing Total Time: Piston ..... Turbine .....

Time on all Makes and Models being insured .....

Fixed Wing Total Time (if any) .....

Incidents last 5 years - See below. **YES / NO**

CAA Convictions – See below. ....

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Full name .....

Age ..... Licences Held / Ratings Held .....

Rotor Wing Total Time: Piston ..... Turbine .....

Time on all Makes and Models being insured .....

Fixed Wing Total Time (if any) .....

Incidents last 5 years - See below. **YES / NO**

CAA Convictions – See below. ....

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Full name .....

Age ..... Licences Held / Ratings Held .....

Rotor Wing Total Time: Piston ..... Turbine .....

Time on all Makes and Models being insured .....

Fixed Wing Total Time (if any) .....

Incidents last 5 years - See below. **YES / NO**

CAA Convictions – See below. ....

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Full name .....

Age ..... Licences Held / Ratings Held .....

Rotor Wing Total Time: Piston ..... Turbine .....

Time on all Makes and Models being insured .....

Fixed Wing Total Time (if any) .....

Incidents last 5 years - See below. YES / NO

CAA Convictions – See below. ....

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Full name .....

Age ..... Licences Held / Ratings Held .....

Rotor Wing Total Time: Piston ..... Turbine .....

Time on all Makes and Models being insured .....

Fixed Wing Total Time (if any) .....

Incidents last 5 years - See below. YES / NO

CAA Convictions – See below. ....

**Additional Pilot Information (see note under Uses section on page 5):**

.....  
.....  
.....

Please give details of all incidents involving accidental damage to, or theft of, any aircraft (or part thereof) during the last five years whilst under the command of any pilot named above or whilst owned and/or operated by the Insured and/or Owner and/or Operator stated on page 1:

.....  
.....  
.....

Please give details of any prosecutions brought by the Civil Aviation Authority (or equivalent in other countries) in respect of any pilot named above or Insured and/or Owner and/or Operator stated on page 1:

.....  
.....  
.....

**9. Uses**

Please indicate annual estimate of number of hours for each use you require to be covered.

Private Pleasure and Business (excluding any operation for which a charge is made).

ZK-..... ZK-..... ZK-..... ZK-.....

Commercial – use for the carriage by the Insured/Operator of passengers, baggage accompanying passengers and cargo for hire and reward.

ZK-..... ZK-..... ZK-..... ZK-.....

Rental for Private Pleasure and Business uses where the operation of the aircraft is not under the control of the Insured/Operator - *See overleaf.*

ZK-..... ZK-..... ZK-..... ZK-.....

Rental for other uses (please state) ..... where the operation of the aircraft is not under the control of the Insured/Operator - *See overleaf.*

ZK-..... ZK-..... ZK-..... ZK-.....

Type rating, advanced instruction / continuation training and BFR of named pilots by any QFI is automatically covered. Please give details of other instruction uses required:

Ab-initio instruction of students

ZK-..... ZK-..... ZK-..... ZK-.....

Instruction excluding ab-initio

ZK-..... ZK-..... ZK-..... ZK-.....

Please give minimum experience of pilots under instruction .....

ZK-..... ZK-..... ZK-..... ZK-.....

Instruction of named pilots (*please give details of QFI under Pilots section*).

ZK-..... ZK-..... ZK-..... ZK-.....

Sales Demonstration

ZK-..... ZK-..... ZK-..... ZK-.....

\*Agricultural Work: Spraying, Seeding, Dusting, Fertilizing

ZK-..... ZK-..... ZK-..... ZK-.....

\*Slung Uses – what is usual slung load (*circle as appropriate*)?

Logs / Moss / Fish-carcasses / Pylon setting / Farm lifting / Other .....  
(*please state*)

ZK-..... ZK-..... ZK-..... ZK-.....

Whale &/or Fish Spotting

ZK-..... ZK-..... ZK-..... ZK-.....

\*Fire Fighting / Lighting

ZK-..... ZK-..... ZK-..... ZK-.....

\*Wild Animal Recovery (live capture)

ZK-..... ZK-..... ZK-..... ZK-.....

Pest Destruction including shooting from helicopter

ZK-..... ZK-..... ZK-..... ZK-.....

Baiting

ZK-..... ZK-..... ZK-..... ZK-.....

\*Mustering

ZK-..... ZK-..... ZK-..... ZK-.....

Hunter / Fisherman Positioning

ZK-..... ZK-..... ZK-..... ZK-.....

Police Work

ZK-..... ZK-..... ZK-..... ZK-.....

Search and Rescue

ZK-..... ZK-..... ZK-..... ZK-.....

Medivac including primary rescue

ZK-..... ZK-..... ZK-..... ZK-.....

Medivac – hospital transfer only

ZK-..... ZK-..... ZK-..... ZK-.....

Power and Pipe Line Patrol

ZK-..... ZK-..... ZK-..... ZK-.....

\*Heliskiing

ZK-..... ZK-..... ZK-..... ZK-.....

Oil Rig Support

ZK-..... ZK-..... ZK-..... ZK-.....

TV / Film Work

ZK-..... ZK-..... ZK-..... ZK-.....

Aerial Photography

ZK-..... ZK-..... ZK-..... ZK-.....

Banner / Flag Towing

ZK-..... ZK-..... ZK-..... ZK-.....

Matine Pilot Transfer

ZK-..... ZK-..... ZK-..... ZK-.....

Frost Protection

ZK-..... ZK-..... ZK-..... ZK-.....

Other Uses (please give full details) .....

ZK-..... ZK-..... ZK-..... ZK-.....

\*If you have indicated you require cover for these Uses please give Pilot's experience for each Use in the Additional Pilot Information section on page 3.

**If you have indicated you require cover for Rental uses please advise:**

Who will you be renting to? .....

Please give details of all incidents involving accidental damage to, or theft of, any aircraft (or part thereof) during the last 5 years whilst owned and/or operated by the rental company.

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Please give details of any prosecutions brought by the Directorate of Civil Aviation (or equivalent) in respect of the rental company.

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If renting to named individual please give their details under the Pilots section on page 3. If not, please give minimum experience of rental company pilots.

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**10. Declaration**

Signed ..... Dated .....

Full name ..... Title/Position .....

Company .....

**The completion of this Proposal Form in no way binds the Proposer to complete an insurance but the answers given herein are to form the basis of any insurance contract which may be entered into between the Underwriters and the Proposer.**

**You are respectfully reminded of the ongoing importance of disclosing all circumstances material to the insurance, or a change to the information supplied prior to attachment of the proposed insurance.**

**There is also a continuing duty to advise underwriters of any change in circumstances material to the insurance during the period of such insurance. Failure to provide such information may render the insurance invalid.**

**Underwriters reserve to themselves the right to decline any proposal without assigning a reason.**