



Aviation Co-operating
UNDERWRITERS PACIFIC LIMITED

HOT AIR BALLOON LIABILITY
PROPOSAL

Period of Insurance from to

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. Aircraft Details

Make and Model

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

Year of Manufacture

Max Pax Capacity

4. Third Party Liability

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

5. Purposes of Use

- a. Private/Leisure **YES / NO** Hours PA.....
- b. Rental **YES / NO** Hours PA.....
- c. Photography **YES / NO** Hours PA.....
- d. Joy Rides, Air Transport **YES / NO** Hours PA.....
- e. Pilot Training **YES / NO** Hours PA.....
- f. Parachuting **YES / NO** Hours PA.....
- g. Other **YES / NO** Hours PA.....

(please specify)

.....

h. TOTAL ESTIMATED HOURS

6. Pilot's Details

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

Full name

Age Qualification

Experience: Years Flying hours On Type

Claims / Accidents

Full name

Age Qualification

Experience: Years Flying hours On Type

Claims / Accidents

Full name

Age Qualification

Experience: Years Flying hours On Type

Claims / Accidents

Full name
Age Qualification
Experience: Years Flying hours On Type
Claims / Accidents
.....

Full name
Age Qualification
Experience: Years Flying hours On Type
Claims / Accidents
.....

7. Open Pilot Warranty

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

8. Accidents/Losses/Offences of Proposer

Please state details – within last 5 years:

Date
Pilot
Aircraft Make and Model
Registration Number ZK-
Details of Accident/Losses/Offences
\$

Date
Pilot
Aircraft Make and Model
Registration Number ZK-
Details of Accident/Losses/Offences
\$

Date
Pilot
Aircraft Make and Model
Registration Number ZK-
Details of Accident/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 increase to 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.