



General Aviation Questionnaire

Exact name of insured (including any subsidiary/affiliated companies who may operate the aircraft).

Address of the insured.

Details of Aircraft

Complete schedule of aircraft:

Make/Model	Registration	Agreed value	Passenger/ crew seats	MTOW (Kg) (maximum take-off weight)

Fleet changes expected in the next 12 months (additions and deletion of aircraft – purchases, etc).

Spares (parts and equipment, tools, ground handling, gear, etc):

a) Total value of all spares for coverage: Yes No

b) Maximum any one location:

	Currency	Combined single limit (third parties and passengers)	OR	Third party legal liability	With passenger legal liability limited to
Any one accident:	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Third party interest in aircraft e.g. bank/finance house: Yes No

If yes, please provide details by separate attachment.



Pilot details

Name	Age	Licences	Ratings total hours (including hours on make and model and type)	Claim/ Accident History

Breakdown of experience for each named pilot:

Name	Total time	Multi engine time	Multi engine turbine time	Multi engine jet time	Make and model time

Operational Information

Exact uses of aircraft and estimated utilisation for each different use:

Use	Percentage %

Number of hours utilisation for the last 12 months and estimated utilisation for the forthcoming 12 months:

Last 12 months	<input type="text"/>	Hours per aircraft	<input type="text"/>
Next 12 months	<input type="text"/>	Hours per aircraft	<input type="text"/>



General Information

Details of all losses for the last five years and any events which may be potential losses for both aircraft and pilots.

Geographical area of operation/flight routes (with frequencies) including if applicable details of any flights to USA.

Geographical location where the insured's operation/aircraft is based.

Does the operation include flights on a scheduled basis? Yes No

If so, please provide details of routes:

Details of company/ies providing maintenance to the aircraft.

Will aircraft be:

Hangared:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tied down:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Open:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Are any Honeywell (or equivalent) safety products (TCAS / EGWPS etc) permanently fitted and continuously operated on board all aircraft operated by the Insured? If so, please advise full details. (a separate sheet may be provided if required).

Any additional information which may be of interest to insurers.

Alternatively, please indicate one of the following:

Is there existing insurance in place? Yes No

Date coverage will incept:

Current Rates:

Insurers involved:



What is your annual turnover?

Alternatively, is your annual turnover in excess of €12.8 million?

Yes

No

What is your balance sheet total (difference between assets and liabilities)?

Alternatively, is your balance sheet greater than €6.2 million?

Yes

No

Average number of employees?

Operations inside the European economic area?

This proposal will form the basis for obtaining terms from insurers. The answer to some sections may involve further details being requested.

We would remind you that it is necessary for every insured to disclose to insurers immediately any information, including changes in circumstances, which might affect the judgement of the insurers in assessing the risk or the premium, and failure to disclose such information or changes could void the insurance contract.

Signing this proposal form does not bind you to complete the insurance, but it is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of insurers in regard to this proposal.

Name:

Signature:

Date: