



INSURANCE INFORMATION QUESTIONNAIRE

Name of Insured / Operator:	
------------------------------------	--

Address:	
-----------------	--

Postcode:	
------------------	--

Tel:	
-------------	--

E-mail:	
----------------	--

Date when Club established:	
------------------------------------	--

Aircraft Make	Aircraft Model	Registration	Aircraft Value	Maximum Number of Passenger Seats	Estimated Utilisation (hours per annum per aircraft)

Uses		
Please describe exactly what the aircraft will be used for:	Private	Yes / No
	Rental	Yes / No
	All forms of instruction	Yes / No
	Aerial Photography	Yes / No
	Commercial Passenger Carriage	Yes / No
	Aerobatics	Yes / No
	Air Displays	Yes / No
	Please list any other uses not stated above	



Pilots

What is the re-currency requirements for pilots:	30 / 60 / 90 days (please delete as appropriate)
Medical Restrictions of any pilot who flies any of the above aircraft (if none, please state None):	

Details of Chief Pilot

Name	Date of Birth	Total Fixed Wing Flying Hours	Qualifications	Length of service with Operator

Important Additional Information about the Aircraft

Where is/are the Aircraft based:	
Maintenance Company:	
Aircraft Usage (Please delete as appropriate):	Weekends – Week – Combination
Is the Aircraft hangared:	Yes / No
Is there any finance on the aircraft: If yes, please provide the name of the Finance Company for each aircraft:	Yes / No

Details of any Losses / Claims within the last 5 years of the Insured, operator or any pilot insured to fly the above aircraft:	
Have the Insured / Operator ever been declined insurance: If yes, please provide details	Yes / No
Signed:	Date:
Name:	Position:

**Thank you for taking your time to complete this proposal form.
The information will be used for insurance purposes only.**