

RISK QUESTIONNAIRE



PLEASE COMPLETE THIS PROPOSAL FORM AS ACCURATELY AS POSSIBLE AS YOUR QUOTATION
MAY BE INVALID IF THE INFORMATION SUBMITTED TO INSURERS IS INCORRECT

ABOUT YOU

NAME:

NAME OF INSURED:

ADDRESS:

POSTCODE: TEL:

MOBILE No.: FAX No.:

EMAIL: DATE:

YOUR AIRCRAFT

| MAKE | MODEL | REGISTRATION | AGREED VALUE | PASSENGER SEATS |
|------|-------|--------------|--------------|-----------------|
| | | | | |

WHAT DO YOU USE YOUR AIRCRAFT FOR?

EXACT USES: (I.E. PRIVATE BUSINESS & PLEASURE/RENTAL/CLUB ETC.)

WHERE IS AIRCRAFT BASED?

WHAT IS YOUR ESTIMATED ANNUAL UTILISATION? (HOURS)

PILOT INFORMATION

| NAME | DATE OF BIRTH | R/W HOURS | TURBINE HOURS | HOURS ON TYPE |
|------|---------------|-----------|---------------|---------------|
| | | | | |

LIABILITY LIMIT REQUIRED:

| | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> EU. MINIMUM | <input type="checkbox"/> £3,000,000 | <input type="checkbox"/> £5,000,000 | <input type="checkbox"/> £7,000,000 |
| <input type="checkbox"/> £10,000,000 | <input type="checkbox"/> £15,000,000 | <input type="checkbox"/> £20,000,000 | <input type="checkbox"/> £25,000,000 |

LOSS RECORD:

(PLEASE PROVIDE BRIEF DETAILS OF ANY LOSS INCLUDING THE DATE OF LOSS AND THE AMOUNT PAID):

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ADDITIONAL INFORMATION

IS THERE ANY FINANCE ON THE AIRCRAFT? IF YES, PLEASE PROVIDE NAME OF FINANCE PROVIDER:

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MONTH OF NEXT RENEWAL:

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APPROXIMATE CURRENT PREMIUM:

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WHO IS YOUR CURRENT INSURANCE BROKER?

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THANK YOU FOR TAKING YOUR TIME TO COMPLETE THIS PROPOSAL FORM.
THE INFORMATION WILL BE USED FOR INSURANCE PURPOSES ONLY.



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