

AIRCRAFT INSURANCE QUOTATION REQUEST

Section 1 Proposer Details

Name of Proposer			
Contact Name			
Address			
Phone		Home	
Fax		Mobile	
Email			

Period of Insurance	From: / /	To: / /
----------------------------	---------------------	------------------------

Section 2 Aircraft Details

Make & Model	\$	Registration Marks	VH -
Year Manufactured		When Purchased	/ /
Estimated Market Value		No. of Passenger Seats	
Location of Aircraft (base)		Will it be Hangared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Operator			

Section 3 Hours/Purpose of Use (Categories of estimated hours of use predicted for next 12

Private Pleasure	Business Travel	Commercial/ Charter	Hire & Rental	Ab-Initio Instruction	Advanced Instruction	Mustering	Agricultural Work	Other

Section 4 Pilot Information (For any specific Pilots to be named on the Policy)

Details & Experience	Pilot 1	Pilot 2	Pilot 3
Pilot's Name			
Age			
Type of Licence, Ratings			
Total Hours			
Total Hours on type			
Hours on type last 90 days			

If pilots are not named, indicate preferred Open Pilot Warranty:

--

Approx date aircraft was purchased			
Other aircraft owned or previously owned			
Financier to be noted			
Current insurance company		Current Policy Renewal Date	/ /
Any aviation accidents, incidents or claims last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide details:			

Section 5 Details of Insurance Required

HULL	Cover Required	Amount Proposed for Insurance
	<input type="checkbox"/> Flight / Taxiing / Ground, or, <input type="checkbox"/> Ground Risks only	\$

LIABILITY	This is normally quoted on a "Combined Single Limit" covering 3 rd Party Legal Liability + Passenger Legal Liability Please advise if your requirements are different	Amount of Liability required Tick which options are to be quoted
		<input type="checkbox"/> \$1.0M <input type="checkbox"/> \$2.0M <input type="checkbox"/> \$3.0M <input type="checkbox"/> \$5.0M <input type="checkbox"/> \$10.0M
Is Charter "Act" cover required?		<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS OF USE	Amount of cover per day \$ _____ (Cover exclusion period first 14 days)
	Period of cover <input type="checkbox"/> 60 days, or <input type="checkbox"/> 90 days

Section 6 Payment Options

- Annual Premium, In Advance
- Instalments from Underwriters (if available), with payments spread:
 - Half-Yearly
 - 40/30/30
 - Quarterly
 - Monthly instalments via Insurance Premium Funding (external provider, approx. O/D rates)

Section 7 Remarks and Items Of Supplementary Information Or Disclosure:

Signature of Proposer:	Date:
------------------------	-------