**GENERAL AVIATION QUESTIONNAIRE**

1. **EXACT NAME OF MAIN INSURED AND ANY SUBSIDIARY /**

**AFFILIATED COMPANIES WHO MAY OPERATE THE AIRCRAFT**

**NAME:**

**ADDRESS:**

**CONTACT NUMBERS:**

**TELEPHONE:**

**FACSIMILE:**

1. **COMPLETE SCHEDULE OF AIRCRAFT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MAKE/MODEL**  **AND**  **YEAR OF** MANUFACTURE | REGISTRATION **NUMBER** | AGREEDVALUE **US$** | **SEATING**  **PASSENGER /**  **CREW** | |
|  |  |  |  |  |
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1. **LIMITS REQUIRED FOR THIRD PARTIES / PASSENGERS / CREW.**

**COMBINED SINGLE LIMIT (THIRD PARTIES)**

**US$ ………………………………………………… ANY ONE ACCIDENT**

**OR**

**THIRD PARTY LEGAL LIABILITY PASSENGERS**

**US$ ………………………………………………….. ANY ONE ACCIDENT**

**PLUS PASSENGER LEGAL LIABILITY**

**US$ ………………………………………………….. ANY ONE PERSON**

1. **PILOT INFORMATION / EXPERIENCE (PER PILOT)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NAME and**  **AGE** | **LICENCES /** RATINGS HELD | **LAST**  **MEDICAL /**  **ECG** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |

**PILOT INFORMATION / EXPERIENCE – (CONTINUED)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOURS PER PILOT** | | | |  |
|  | **IN**  **COMMAND** | **MAKE AND**  **MODEL** | **TOTAL** | **DETAILS OF ANY**  **POTENTIAL/PREVIOUS**  **LOSSES** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4,** |  |  |  |  |
| **5,** |  |  |  |  |
| **6.** |  |  |  |  |

1. **EXACT USES OF AIRCRAFT AND ESTIMATED UTILISATION FOR EACH DIFFERENT USE.**

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1. **ESTIMATED NUMBER OF HOURS TO BE FLOWN DURING COMING**

**POLICY PERIOD.**

|  |  |
| --- | --- |
| **NEXT 12 MONTHS** | **HOURS PER AIRCRAFT** |
|  |  |
|  |  |

1. DETAILS OF ALL LOSSES LAST FIVE YEARS AND ANY EVENTS WHICH MAY GIVE RISE TO POTENTIAL LOSSES.
2. GEOGRAPHICAL AREAS OF OPERATION/ FLIGHT ROUTES (WITH FREQUENCIES)

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1. **WHERE IS THE OPERATION BASED**

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1. **WHO WILL BE MAINTAINING THE AIRCRAFT?**

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1. HOW WILL AIRCRAFT USUALLY BE KEPT? (I.E. HANGARED/TIED DOWN/OPEN)

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1. **IS THERE A LIEN ON THE AIRCRAFT, IF SO WITH WHOM AND AMOUNT.**

**PLEASE PROVIDE A COPY OF THE INSURANCE AND INDEMNITY**

**PROVISIONS.**

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1. PLEASE PROVIDE COPIES OF INSURANCE AND INDEMNITY PROVISIONS OF ANY CONTRACTS (I.E. MAINTENANCE/HANGARAGE/

**REFUELLING ETC.) AND NAME OF THE CONTRACT PARTIES.**

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**(If you provide any of the above services please provide turnover per activity, type of aircraft hangared with average values / maximum values.)**

1. ANY OTHER INFORMATION WHICH MAY BE OF INTEREST TO POTENTIAL UNDERWRITERS.

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1. **WILL HULL WAR RISKS COVERAGE BE REQURIED?**

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1. IF SPARES COVERAGE IS REQUIRED, PLEASE ADVISE THE MAXIMUM VALUE OF ANY SPARES AT RISK AT ANY ONE TIME / LOCATION.

**WITH BRIEF DETAILS OF WHAT SPARES CONSIST.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **WHEN WILL COVERAGE BE REQUIRED TO INCEPT?**

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1. **DECLARATION:**

**THEUNDERSIGNED DECLARES THAT, TO THE BEST OF HIS KNOWLEDGE, ALL THE ABOVE INFORMATION IS TRUE AND CORRECT AND ALLOWS THAT IT BE USED FOR THE ESTABLISHMENT OF THE POLICY HE MAY BUY.**

**SIGNED: ………………………………………………………………….**

**DATE: ………………………………………………………………….**