

**Aircraft Policy Proposal Form – Draft**

*(Please complete in block letters)*

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_ Occupation : \_\_\_\_\_

**Aircraft Use:**

Are you the owner of the Aircraft ?      Yes  No

If not , who is the owner and in what respect are you responsible for insurance ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give full details of the types and nature of flying to be undertaken ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the aircraft be used for Night Flying ?      Yes  No

If so , to approximately what extent ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state Geographical limits within which the aircraft will be used ?

\_\_\_\_\_

\_\_\_\_\_

Period of which insurance is required :

\_\_\_\_\_

Estimated Flying Hours during period :

\_\_\_\_\_

If aircraft being used for more than one category of flying e.g. private / instruction , estimated flying hours to be sub – divided into various categories :

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please state limit of Indemnity required for accidental damage to the aircraft :

\_\_\_\_\_

Please state limit of indemnity required for either :-

(a) (i) Third Party Legal Liability Limit  
€ \_\_\_\_\_ any one accident .

(ii) Legal Liability to passengers Limit  
€ \_\_\_\_\_ any one accident .

or

(b) Combined Single Limit Legal Liability  
( Third Party / Passenger )  
€ \_\_\_\_\_ any one accident .

Address where Aircraft will be based :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the aircraft be hangared ?      Yes       No

Construction of Hangar : \_\_\_\_\_

Means of Artificial Lighting : \_\_\_\_\_

Is the aircraft of standard type ?      Yes       No

If not , please give details of any special features or modifications in design or material :

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What maintenance facilities are available ? Will you be employing professional maintenance staff ?

Yes  No

Details :

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Are you now or have you been insured in respect of any Aircraft ? Yes  No

Have you had any accidents or losses ? Yes  No

Has any insurer required you to increase the first portion of any loss borne by yourself ? Yes  No

Has any Insurer declined your proposal , refused renewal of your policy , loaded the premium or imposed special conditions ? Yes  No

If yes , please give details :

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Registration Marks of Aircraft : \_\_\_\_\_

Certificate of Airworthiness : Category : \_\_\_\_\_

Date of Expiry : \_\_\_\_\_

Issued to : \_\_\_\_\_

Name of Constructor , Type and Mark :

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Date of Manufacture : \_\_\_\_\_

Hours Flown : \_\_\_\_\_

Full Particulars of Radio Equipment Fitted :

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Maximum All Up Weight : \_\_\_\_\_

Maximum Total Load Authorised : \_\_\_\_\_

Number of Passengers : \_\_\_\_\_

Weight Cargo : \_\_\_\_\_

Date Purchased : \_\_\_\_\_

New or Second – hand : \_\_\_\_\_

Purchase Price : \_\_\_\_\_

Estimated Present Value : \_\_\_\_\_

Full Particulars of persons other than the Pilots to be named in the Policy , who will taxi the aircraft , including details of any taxiing accident in which they have been involved.

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Make , Type , Mark and H.P. of Engine :

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Number (s) : \_\_\_\_\_

Hours Run : In all : \_\_\_\_\_

Since Overhaul : \_\_\_\_\_

Type of Propeller fitted and Number :

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**Pilots and Navigators Particulars :**

<u>Name</u>	<u>Age</u>	<u>Date &amp; Details of any Flying Accident / Offence</u>	<u>Has any Company ever declined , increased premium , imposed special conditions ?</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Pilots and Navigators Particulars : Continued**

<u>No.</u>	<u>Licenses</u>		<u>Flying Hours</u>		<u>On Type</u>	<u>Last 6 mths</u>	<u>Date of Last Medical</u>
	<u>Date of Expiry</u>	<u>Classification</u>	<u>Total</u>	<u>Night Flying</u>			
1.							
2.							
3.							
4.							
5.							
6.							
7.							

**Declaration :**

**I / We declare that to the best of my /our knowledge and belief all the information which I / We have given on this form is correct and complete in every detail and that no material fact has been withheld. I / We further declare that if anything on this form was written by another person he or she acted as my / our agent for this purpose. I / We agree that this Proposal and any additional information supplied shall be the basis of the contract between me / us and Allianz Ireland plc and I / We further agree to accept the policy in the company 's usual form for this class of business.**

**Date : \_\_\_\_\_ Signature of Proposer : \_\_\_\_\_**

**Liability does not commence until acceptance of the Proposal has been intimated or official cover note issued.**