

# Business and General Aviation Insurance Application

1 Full Name and Address of Insured

Contact Name:  
Telephone:  
Mobile:  
Fax:  
Email:  
Website address:

2 Is coverage required for any subsidiary or associated companies

YES / NO  
(if yes please advise full details under Additional Information)

3 Date coverage is to inception

4 Details of Aircraft to be insured

Make / Model	Registration	Agreed Value GBP/USD/EUR	Crew / Passenger Seats	Maximum Take- off Weight (kg)

5 Estimated annual utilisation hours of each Aircraft

6 Address of base airfield

7 Aircraft hangared

YES / NO

8 Name and address of maintenance company

9 Total value of Spares

GBP/USD/EUR

10 **Limits of Liability**

Combined Single Limit of liability  
any one accident

GBP/USD/EUR

**OR**

Third Party Legal Liability limit  
any one accident  
Passenger Legal Liability limit  
any one accident

GBP/USD/EUR

GBP/USD/EUR

11 Geographical area of operation

12 Will military airfields be visited

YES / NO

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## 13

### Estimated Annual Hours

Private Pleasure/ Business/ Industrial Aid  
Commercial passenger  
Commercial cargo  
Governmental  
Medevac  
Continuation training  
Advanced training  
Agricultural spraying  
Slung Cargo  
Fire Fighting  
Rental to other pilots/ Flying club/ Ab-initio training  
Race / Air display  
Parachuting  
Glider Towing  
Banner Towing  
Other (please specify)

## 14

Hull War  
(If yes please advise areas of unrest visited and frequency of trips on a separate sheet)

YES / NO

Spares

YES / NO

### Engine Breakdown

YES / NO

### Personal Accident

YES / NO

### Loss of Licence

YES / NO

## Premises

YES / NO - see Appendix 2

## Products

YES / NO - see Appendix 2

## Hangar keepers

YES / NO - see Appendix 2

## Airside Liability

YES / NO - see Appendix 2

Other

YES / NO

## 15

## 16

## 17



18 In connection with aircraft insurance, has any Insurance Company or Underwriter ever:

Declined to accept your proposal YES / NO

Refused to renew your policy YES / NO

Cancelled your policy YES / NO

(If you have answered yes to any of the above full details will be required on a separate sheet)

19 Pilot Information

**Please complete Appendix 1**

20 **Open Pilot Warranty**

Please specify minimum hours required for unnamed Pilots:

**Fixed Wing Hours**

Total Time

Single Piston Engine

Twin Piston Engine

Single Turbine Engine

Twin Turbine Engine

Jet Engine

Make / Model to be insured

Type (include names of similar aircraft)

**Pilot-In-Command**

**Co-Pilot**


**Rotor Wing Hours**

Total Time

Single Piston Engine

Single Turbine Engine

Twin Turbine Engine

Make / Model to be insured

Type (include names of similar aircraft)

**Pilot-In-Command**

**Co-Pilot**


21 Recurrency Training (all pilots including full details of location/dates)

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22 Frequency of recurrency training

18 month / 12 month / 6 month

23 Have the Insured or Pilots been involved in any aviation claims or violations or any incidents which may give rise to a claim in the last 5 years

YES / NO

(if yes please advise full details on a separate page including estimated value and amount(s) of any settlement)

24 **Additional Information**

Please provide any further information which may be considered material to (Re)Insurers in connection with your proposed request for aircraft insurance cover



### Financial Services Authority

In respect of our FSA responsibilities as an authorised Insurance Broker we are required to request the following information from you:

Turnover/Charity Income/Trust Assets over GBP 1m	Yes / No
Turnover over EUR 12.8m	Yes / No
Balance Sheet over EUR 6.2m	Yes / No
Average number of employees over 250	Yes / No

### Declaration

To the best of my knowledge and belief the information provided in connection with this proposal is true and material facts have been included.

### Duty of Disclosure

It is our joint responsibility to disclose all material information to (Re)Insurers. Information is material if it would influence the judgement of a prudent underwriter in deciding whether or not to accept the risk or in establishing terms upon which an Insurer is prepared to write the risk. The duty to disclose material information is entirely your responsibility, but is our responsibility as your agent to communicate this information faithfully to Insurers. Should any material information be omitted or misrepresented from your proposal Insurers are entitled to avoid the policy and deny any claims presented to them. The duty of disclosure also extends to the presentation of historical claims information to Insurers.

If you are in any doubt whether information in your possession is material, please disclose it. Your duty of disclosure is an ongoing duty throughout the period of the policy(ies).

Signed	
Position	
Date	

Please return this document completed to:

World Aerospace Insurance Services  
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Southwest Ranches, FL 33330

Email: Raymond B. Lawson <rlawson@seaerospaceinsurance.com>  
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