

INSURANCE PROPOSAL

<p>GT Aviation is able to obtain competitive and comprehensive insurance quotations for aircraft of all types, weights and users</p>	<p>Please complete this form without significant alteration and send it to GT Aviation:</p> <ul style="list-style-type: none"> Email insure@gtaviation.co.uk Tel/Fax 01305 81 40 40 Post PO Box 15, WEYMOUTH, DT4 8DS
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GENAV AIRCRAFT HULL AND LIABILITY INSURANCE QUESTIONNAIRE

1 Full name and address of the main insured(s):	
Name	Tel
Address 1	Fax
Address 2	Mob
Area	Email
Town/City	
County	
Postcode	
Name	Tel
Address 1	Fax
Address 2	Mob
Area	Email
Town/City	
County	
Postcode	
Name	Tel
Address 1	Fax
Address 2	Mob
Area	Email
Town/City	
County	
Postcode	
Name	Tel
Address 1	Fax
Address 2	Mob
Area	Email
Town/City	
County	
Postcode	

2 Details of the aircraft to be insured:				
Year	Make & Model	Registration	Agreed Value	Pax/Crew Seating

3 What is the aircraft used for (mark appropriate box):			
Private Pleasure, Business	<input type="checkbox"/>	Club Uses	Parachuting <input type="checkbox"/>
Rental	<input type="checkbox"/>	Ab-Initio	Glider Towing <input type="checkbox"/>
Commercial Charter	<input type="checkbox"/>	Spraying	Racing <input type="checkbox"/>
Advanced Training	<input type="checkbox"/>	Display	Medevac <input type="checkbox"/>
Aerobatics (competitive)	<input type="checkbox"/>	Aerobatics (non-competitive)	Other (specify) <input type="checkbox"/>

4 Where is the aircraft kept:

Is the aircraft hangared?	No	Is the aircraft tied down?	No
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Base airfield:

5 Limit of liability quotations required, Combined Single Limit any one accident:

£500,000	<input type="checkbox"/>	£1,000,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>	£3,000,000	<input type="checkbox"/>	£5,000,000	<input type="checkbox"/>
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6 Pilot Information

Name	Age	Licences held	Total Hours	Hrs on make & model	Hours on similar (specify)

7 Estimated hours to be flown each year:

0-50	<input type="checkbox"/>	51-100	<input type="checkbox"/>	101-250	<input type="checkbox"/>	250+	<input type="checkbox"/>
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8 Have you made any aviation insurance claims during the last five years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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9 Geographical area of operation:

UK	<input type="checkbox"/>	UK/EU	<input type="checkbox"/>	Other
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10 Who will maintain the aircraft and where:

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11 Would you be interested in quotes for other associated risks:

Hull War Risks	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>	Loss of Licence	<input type="checkbox"/>
Airside Liability	<input type="checkbox"/>	Premises, Products, Hangarkeepers	<input type="checkbox"/>	Spares	<input type="checkbox"/>

12 If not a new risk, please advise who is current insurer with details if possible:

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13 When is the coverage to incept:

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14 Do you plan to be flying into Crown (RAF/MOD) airfields, Denmark or Germany and therefore have the higher liability insurance needed:

Crown	No	Germany	No	Denmark	No
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15 Please provide copies of any insurance/indemnity clauses that may affect coverage:

16 Please advise against any other material fact or information that may be considered relevant to potential insurers

17 In connection with aircraft insurance, has any insurance company or underwriter ever:

Declined to accept your proposal	No
Refused to renew your policy	No
Cancelled your policy	No

If the answer to any of these questions is Yes, please give details on a separate sheet