

INSURANCE PROPOSAL

TURBO-PROP AND REGIONAL AIRLINE INSURANCE PROPOSAL FORM

<p style="text-align: center;">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 	<p style="text-align: center;">If submitting online please type answers in grey boxes. Where additional space is required the box will automatically expand. Alternatively press <enter> or <return> for a new line.</p>
---	--

1 Company name and registered office (including any subsidiary or affiliated companies who operate the aircraft)

Company Name	Tel
Address 1	Fax
Address 2	Web
Area	
Town/City	
County	
Postcode	

2 Full name and address of contact

Contact name	Tel
Address 1	Fax
Address 2	Mob
Area	Email
Town/City	
County	
Postcode	

3 Complete Schedule of Aircraft:

Year	Make & Model	Registration	Agreed Value	Pax/Crew Seating

4 Any finance/lease agreements in place for any scheduled aircraft:

--

5 Limits required for third parties and passengers

Combined single limit (third parties and passengers) – any one accident
OR
Third party legal liability - any one accident, with passenger legal liability limited to

6 Pilot Information

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

7 Exact uses of aircraft and estimated utilisation for each different use	
Use	Percentage of time

If commercial passenger carriage, what is the average load factor:	
If applicable, detail total number of passengers carried in the last twelve months:	
Please provide a copy of a specimen ticket (if issued):	Attach to form

Please provide details of any Codeshare agreements in place:

8 Hours of utilisation	
Hours of utilisation for last twelve months	
Estimated hours of utilisation for next twelve months	

9 Details of all losses in last five years and any events which may be potential losses for both aircraft and pilots

10 Geographical areas of operation / flight routes (with frequencies) including (if applicable) details of flights to USA

11 Geographical location of aircraft and operation

12 Details of companies maintaining the aircraft

13 Will aircraft be hangared

Yes No

14 Details of current insurer (if any) and details of current rates

15 Date for coverage to incept

16 Details of annual turnover

Alternatively please indicate: Annual turnover is in excess of GBP £1m OR Annual turnover is in excess of GBP £8.5m

17 Balance sheet total (difference between assets and liabilities)

Alternatively please indicate: Balance sheet total is in excess of GBP £4.5m

18 Total number of employees

19 Are operations carried out within the European Economic Area?

Yes

No

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

This proposal will form the basis for obtaining terms from Insurers. The answer to some sections may involve further details being requested.

We would remind you that it is necessary for every Insured to disclose to Insurers immediately any information, including changes in circumstances, which might affect the judgement of the Insurers in assessing the risk or the premium, and failure to disclose such information or changes could void the insurance contract.

Signing this proposal form does not bind you to complete the insurance, but it is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

I have read the above. I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of Insurers in regard to this proposal.

Signed (or type name if submitting online)

Position in Company

Date