

## **GENERAL AVIATION BUSINESS QUESTIONNAIRE**

| Complete Schedule of                             | Aircraft/s:                |                   |                            |
|--|----------------------------|-------------------|----------------------------|
| MAKE/MODEL                                       | REGISTRATION               | AGREED VALU       | JE SEATING PASSENGEI /CREW |
| <u>-</u>   | rd parties / passengers /  | crew.             |                            |
| Combined single Limit (                          | Third Parties/ Passengers) | Any or            | ne accident.               |
| or<br>Third Party Liability:                     |                            |                   |                            |
| minu Farty Liability:                            |                            | Any or            | ne accident.               |
| Plus Passenger legal lial                        | oility                     |                   | ne person.                 |
|  |                            |                   | -                          |
| Dilat Evnariance                                 |                            |                   |                            |
| Pilot Experience<br>FIXED WING:                  | MINIMUM                    |                   | TOTAL HOURS                |
| AVED A CE DII OT EVDED                           | IFNOT                      |                   | HOURS ON TYPE              |
| AVERAGE PILOT EXPER                              | IENCE                      |                   | TOTAL HOURS HOURS ON TYPE  |
| DOTOD WING                                       | B 41 B 11 B 4              |                   | TOTAL HOURS                |
| ROTOR WING:                                      | MINIMUM                    |                   | TOTAL HOURS HOURS ON TYPE  |
| AVERAGE PILOT EXPER                              | IENCE                      |                   | TOTAL HOURS                |
|  |                            |                   | HOURS ON TYPE              |
|  |                            |                   |                            |
| Exact uses of aircraft a                         | and estimated utilization  | for each differen | t use.                     |
|  |                            |                   |                            |
|  |                            |                   |                            |
|  |                            |                   |                            |
| Number of hours' utili<br>during coming policy p |                            | d also estimated  | number of hours be flown   |



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| 8.  | Geographical areas of operation / flight routes (with frequencies).   |
|-----|---|
|     |   |
|     |   |
| 9.  | Geographical location where the operation is based.   |
|     |   |
| 10. | Who will be maintaining the aircraft.   |
| 11. | Will hull war risks coverage be required?   |
| 12. | If spares coverage is required, please advise the maximum value of any spares at risks at any one time / location, with brief details of what spares consist. |
| 13. | How will aircraft usually be kept? (i.e. hangered / tied down / open).  |
| 14. | Please provide copies of insurance and indemnity clauses of any contracts.  |
| 15. | Any other additional information which may be of interest to potential underwriters.  |
| 16. | If not a new operation, please advise location of current insurance and details of present rates.   |
| 17. | When will coverage be required to incept?   |