

# Aviation Premises, Hangarkeepers And Products Liability

## Proposal Form

1. Name of Insured:

Address of Insured:

Telephone Number:

Facsimile Number:

Website address:

E-mail address:

2. Name of Airport

3. Is the Insured the owner and/or operator of the Airport(s)?

4. Nature of business of the Insured:

5. Period of cover required:

6. What Limits of Liability are required?

7. **Premises Liability:**

Location of premises and brief description:

Largest aircraft using the airport:

Number of employees working at the airport:

Number and type of vehicles:

Airside:

Non-

Airside:

8. **Hangarkeepers Liability:**  
Number of hangars and aircraft capacity:

Average value any one aircraft:

Maximum value any one aircraft:

Average total value of aircraft in any one hangar:

Maximum total value of aircraft in any one hangar:

Type of aircraft/engines worked on:

Do you carry out test flights?

Yes  No

If Yes, please state the number of flying hours per annum and details of pilot(s) experience including number of hours on type:

Flying hours per annum:

Pilot(s) experience:

Do you perform any engine-running/bench testing?

Yes  No

If Yes, please provide the estimated number of hours per annum:

9. **Products Liability:** Please provide full details of the types of activities performed (include brochures where possible):

**Service and repair:**

Yes  No

Product End Use:	Last 12 Months:		Estimated fo Forthcoming 12 Months:	
<b>Civil:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Military:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Spacecraft Or Space Transportation Systems:</b>				
<b>TOTAL:</b>				

**Refurbishment:**

Yes  No

Product End Use:	Last 12 Months:		Estimated for Forthcoming 12 Months:	
<b>Civil:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Military:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Spacecraft Or Space Transportation Systems:</b>				
<b>TOTAL:</b>				

**Sale of aircraft spare parts:**

Yes  No

Product End Use:	Last 12 Months:		Estimated for Forthcoming 12 Months:	
<b>Civil:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Military:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Spacecraft Or Space Transportation Systems:</b>				
<b>TOTAL:</b>				

**Sale of aircraft:**

Yes  No

Product End Use:	Last 12 Months:		Estimated for Forthcoming 12 Months:	
<b>Civil:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Military:</b>				
Fixed Wing:				
Rotor Wing:				
Other:				
<b>Spacecraft Or Space Transportation Systems:</b>				
<b>TOTAL:</b>				

Please also provide the types of aircraft worked on:

Please give details of engine work, including types of engines worked on:

10. Please give details of contract wordings or disclaimers or indemnities used by the Insured in connection with work or services (copies of wordings will be of assistance):

11. Any other information that you consider relevant. This may include risk management procedures undertaken in the company, quality initiatives (eg ISO 9002), product integrity studies and any other risk assessment, identification or minimisation that a company undertakes. (Use separate sheet if necessary).

12. If previously insured, give details of any paid and outstanding claims over last 5 years or if not previously insured please give details of any incidents which may have given rise to a claim?

13. Has any insurance company or underwriter ever in connection with any aviation liability insurance:

Declined your proposal? YES  NO

Refused to renew your policy? YES  NO

Cancelled your policy?

YES  NO

Required an increased premium or imposed any special conditions at any time?

YES  NO

If the answer to any of the above is "YES" please provide full details on a separate sheet.

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 certificate be issued.

I have read the above. I agree that to the best of my knowledge and belief it represents a true statement, and any additional information that may reasonably be considered by insurers as material information has been disclosed separately to this proposal.

SIGNATURE OF PROPOSER:

POSITION IN THE COMPANY:

DATE: