

NICON INSURANCE CORPORATION

Aircraft
Insurance

PROPOSAL
FORM



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NICON INSURANCE CORPORATION
PROPOSAL FORM FOR THE INSURANCE OF AIRCRAFT

“AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT”

1. PROPOSER’S name in full.....
2. PROPOSER’S address in full.....
3. PROPOSER’S Profession, Business or Occupation.....
4. Period of insurance required.....
5. Estimated number of revenue carrying passenger for the period.....
.....
6. Routes being flown and frequency.....
7. The uses to which the aircraft will be put: or example state whether tests, delivery or aircrafts, passenger or cargo carrying, private pleasure and /or business, executive travel, sales demonstration, air taxi, photography, agriculture, trick flying, public exhibitions, club use instruction, etc, specifying precise nature
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8. Estimate number of hours the aircraft will be flown during the term of the Insurance.....
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9. State name of the aircraft maintenance company
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10. The date of the last complete overhaul of the aircraft was
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11. Geographical limits required.....

12. State the present location of the aircraft.....

13. Pilots Details

Name	Age	Types of Aircraft Flown and date Of last flight	Total Flying hours	Flying hours On make	LICENCE Number Date and Classification	Nature and cause of Accidents (if any) during last three years

14. Has any Company or Underwriter at any time declined your proposal, cancelled or refused to renew your Policy or required an increase premium or revised terms? If so please give details

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15. Has the Proposer been involved in any aircraft accident as owner or operator? If so please give details of any aviation or personal accident claims made

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16. PARTICULARS OF AIRCRAFT

AIRFRAME					ENGINE(S)
Make Type and Series No.	Year of Construction	Date and No. of current Licence Or C of A	Passenger Seating capacity	Identification marks	No. and Type

Value of aircraft(Including Standard instruments and Equipment)	Details of extra Equipment and Accessories, if any with values	Total value for the purpose of Ins.

17. DETAILS OF INSURANCE REQUIRED
 (delete where not applicable)

SECTION 1 ACCIDENTAL HULL DAMAGE

(a) Flight Risk

- (b) Ground Risk
- (c) Mooring Risk (Waterborne)

SECTION 2 THIRD PARTY LEGAL LIABILITY
 (death) Bodily Injuries and Property Damage)
 Limit of Indemnity.....any
 One accident.

SECTION 3 LEGAL LIABILITY TO PASSENGERS

 Limit of Indemnity any one ACCIDENT.....
 (i.e. any one passenger limit times number of declared passenger seats)

SECTION 4 CARGO LEGAL LIABILITY

 Limit of indemnity.....any one accident

18. Optional Cover available

- (a) Aircraft spares and equipment Insurance
- (b) Hull Deductible Insurance
- (c) Crew Personal Accident Insurance
- (d) Loss of use Insurance
- (e) Aero Engine Breakdown Insurance

Please state details of any of the optional cover required

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DECLARATION.

I/We declare that the above particulars are true and complete to the best of my/our knowledge and, that I/We have not withheld or suppressed any material information and I/We agree that this proposal and declaration shall form the basis of the Contract of Insurance between me/us and company.

PROPOSER'S SIGNATURE.....DTAE.....

No Insurance is in force until proposal has been accepted by the Corporation.

