

**Aviation & Marine Underwriting Agency Limited**

Level 3, 19 Great South Road, Newmarket, Auckland

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New Zealand

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Website [www.aviationmarine.co.nz](http://www.aviationmarine.co.nz) | Email [admin@aviationmarine.co.nz](mailto:admin@aviationmarine.co.nz)**Aviation & Marine**

Underwriting Agency Limited

**Aviation Hull Liability – Aviation Proposal Form**

This Proposal Form will form part of your ongoing contract(s) of insurance with the Underwriters and it is important that all material facts continue to be accurately disclosed, including known outstanding claims, not yet reported to us. PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

**Note:** Completion of this proposal form does not bind the Proposer or Aviation & Marine Underwriting Agency Ltd to complete this insurance.

**Broker Details**

Company:		Contact Name:	
Postal Address:		Phone:	
		Email:	

**1. Proposer's Details**

The Proposer(s):			
Address:			
Phone:		Email:	
GST Registered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GST Number:
Period of Insurance:	From:	To:	

**2. Please State Name of**

Lienholder / Mortgagee:	
Other Financially Interested Parties:	
Lessee (if leased):	
Operator (If not Insured):	

**3. Aircraft Details**

All currencies are in New Zealand Dollars unless otherwise stated.

Registration No	Year, Make & Model	Max Passenger Capacity

**4. Third Party Liability**

Select Limit Required below:

<input type="checkbox"/> Minimum \$1,000,000	<input type="checkbox"/> Other	\$	
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**5. Purposes of Use**

(The aircraft will only be covered for the purposes indicated)

**(WARNING – Check carefully as definitions of use on this form may be different from other in common use)**

(a)	<b>Private Pleasure</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
	Definition:	Private and pleasure purposes but NOT used for any business of profession nor for hire or reward.			

<b>(b)</b>	<b>Rental</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
	<b>Special Rental Uses</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
	Details:				
	Definition: Rental, lease, charter or hire by the Insured to any person, company or organisation for Private Pleasure and Business uses only, where the operation of the Aircraft is not under the control of the Insured. Rental for any other purposes is NOT insured under this Policy unless specifically declared to the Company under (b) "SPECIAL RENTAL USES".				
<b>(c)</b>	<b>Photography</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
<b>(d)</b>	<b>Joy Rides, Air Transport</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
<b>(e)</b>	<b>Pilot Training</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
<b>(f)</b>	<b>Parachuting</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
<b>(g)</b>	<b>Aerobatics</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
<b>(h)</b>	<b>Air shows</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
<b>(i)</b>	<b>Competitions</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
<b>(j)</b>	<b>Other (please specify):</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hours</b>	
				<b>Total Estimated Hours</b>	

#### 6. Pilot Details (Please list all Pilots)

Pilot 1 Name:				Age:
Licence:				
Experience:	Years:	Total Flying Hours:	Total on Type:	
Pilot 2 Name:				Age:
Licence:				
Experience:	Years:	Total Flying Hours:	Total on Type:	
Pilot 3 Name:				Age:
Licence:				
Experience:	Years:	Total Flying Hours:	Total on Type:	
Pilot 4 Name:				Age:
Licence:				
Experience:	Years:	Total Flying Hours:	Total on Type:	
Pilot 5 Name:				Age:
Licence:				
Experience:	Years:	Total Flying Hours:	Total on Type:	

#### 7. Open Pilot Warranty

(If required, please indicate)


#### 8. Details of Accident(s) / Losses / Offences of Proposer

(Please state details – within the last 5 years):

Date:	
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Pilot:			
Aircraft Make & Model:		Registration No:	ZK-
Details of Accident/Losses/Offences:		Amount:	NZ\$
Date:			
Pilot:			
Aircraft Make & Model:		Registration No:	ZK-
Details of Accident/Losses/Offences:		Amount:	NZ\$
Date:			
Pilot:			
Aircraft Make & Model:		Registration No:	ZK-
Details of Accident/Losses/Offences:		Amount:	NZ\$

### General Questions

1.	Have you previously held an Aircraft Insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, state names of Insurers:		
2.	Has any insurer at any time:		
	(a) Declined your proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Cancelled or refused to review your policy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) Required an increase in premium, deductible or revised terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you entered into an agreement with any other party whereby liability is assumed or denied in respect of the aircraft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please give details:		

## Privacy Act 1993

Personal information is collected to evaluate your insurance requirements establishing what cover, if any, is to be offered and its terms and premium. All information collected will be held by Aviation & Marine Agency Ltd, 69-71 Boulcott Street, PO Box 10-027, Wellington ("Aviation & Marine). Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

## Duty of Disclosure

You have a duty to disclose to us, whether asked for or not, all information that might influence the decision to offer you insurance cover and if so, on what terms and/or premium ("material information"). This duty exists prior to the inception, renewal or variation of your policy. Failure to disclose all material information may result in your policy being voided. This means your policy will be deemed never to have existed and any claims will not be payable.

## Declaration

I/We declare that the information provided is in every way correct and complete and all material information has been disclosed.

I/We agree that the information provided will form the basis of any insurance cover that may be offered and that I/we will accept cover on the terms and premium prescribed by Aviation & Marine.

I/We authorise Aviation & Marine to give this to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about his insurance, any insurance held by me/us and any claims by me/us.

I/We authorise Aviation & Marine to use the information provided to advise me/us of their other products and services.

**Proposer(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Full Name:** \_\_\_\_\_ **Company Title / Position:** \_\_\_\_\_