

Aircraft Glider – 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 Offshore Market Placements Limited to complete this insurance.

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

1. Proposer's Details			
The Proposer(s):			
Are you a member of a Gliding Club?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
(If Yes , please name the club)			
Address:			
Email:		Phone:	
GST Registered:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GST Number: <input type="text"/>
Period of Insurance:	From: <input type="text"/>	To: <input type="text"/>	

2. Please State Name of	
Lienholder / Mortgagee:	<input type="text"/>
Lessee (if leased):	<input type="text"/>
Other Financially Interest Parties:	<input type="text"/>
Operator (If not the Insured):	<input type="text"/>

3. Glider Details			
All currencies are in New Zealand Dollars unless otherwise stated.			
Make & Model	<input type="text"/>		
Registration Number:	<input type="text"/>	Number of Seats:	<input type="text"/>
Year of Manufacture:	<input type="text"/>	Date of Purchase:	<input type="text"/>
New or Used:	<input type="text"/>	Is your glider motorized?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Price Paid	<input type="text"/>	NZ\$	<input type="text"/>
Value to be Insured	<input type="text"/>	NZ\$	<input type="text"/>

4. Glider Trailer Details			
Glider Trailer – Make & Model:	<input type="text"/>		Registration Number: <input type="text"/>
Options for Glider Trailer value:	<input type="checkbox"/> NZD 2,500	<input type="checkbox"/> NZD 5,000	<input type="checkbox"/> NZD 10,000
	<input type="checkbox"/> NZD 20,000	<input type="checkbox"/> NZD 30,000	

5. Breach of Warranty

Is Breach of Warranty Insurance required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes , for what amount?	NZ\$			

6. 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)	Private, Business & Pleasure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Definitions: Private	Private and pleasure purposes but NOT used for any business of profession nor for hire or reward.			
	Business	The uses stated in Private Pleasure and use for the purpose of the Insured's business or profession but NOT used for hire or reward.			
	Commercial:	The uses stated in Private Pleasure and Business and used for the carriage by the Insured of passengers, baggage accompanying passengers and cargo for hire or reward.			
(b)	Ab-initio of Named pilots only	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c)	Advanced training (including type endorsements)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d)	Aerial Spotting (above 500ft)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(e)	Competition Flying (Excluding Aerobatic Competitions)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(f)	Continuation & recurrency training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(g)	Flying School Uses, excluding Ab-initio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(n)	Flying School Uses, including Ab-initio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(p)	Hire and/or Rental for Private Use	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(w)	Other:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	(Please specify):				

7. Third Party Liability

Limit required:	<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>	\$3,000,000
	<input type="checkbox"/>	\$5,000,000	<input type="checkbox"/>					

8. Pilot Details

List ALL Pilots. The Aircraft is only covered when piloted by named Pilots listed below:

Pilot Name	Date of Birth	Licence Type	Glider Total Time	Total Hours Make & Model	Hours Last 90 days on Make & Model

9. Details of Accident(s) / Losses / Offences of Proposer

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

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

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

Date:			
Pilot:			
Aircraft Make & Model		Registration No:	
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.	By whom will the maintenance and running repairs be carried out?				
3.	Has the Insured and/or Operator and/or any pilot(s) had any aircraft claims, accidents or incidents in the last 5 years, regardless if a claim was made?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
4.	Have any pilot(s) named been convicted of a breach/violation of air navigation safety regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
5.	Have any pilot(s) named ever been convicted of driving whilst intoxicated (drugs and/or alcohol)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
6.	Have any pilot(s) named ever had their license suspended or cancelled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
7.	Do any pilot(s) named have any physical impairments, waivers, limitations on their medical certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
8.	Do any of the aircraft have any unrepaired damage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				

9.	Has any insurer cancelled, declined or refused to renew any insurance policy for any of these aircraft or pilots?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
10.	Has any aircraft been modified in any way or fitted with non-standard equipment (including landing gear modifications)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				

Privacy Act 2020

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 Offshore Market Placements Limited, (Physical Address) Level 4, 100 Beaumont Street, Auckland (Postal Address) PO Box 68 644, Victoria Street West, Auckland 1142 ("Offshore Market Placements Limited"). Individuals have the right under the Privacy Act 2020 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 Offshore Market Placements Limited.

I/We authorise Offshore Market Placements Limited to give this to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims by me/us.

I/We authorise Offshore Market Placements Limited to use the information provided to advise me/us of their other products and services.

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