

Aircraft Ground Risks Only – 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):						
Interested Parties:						
Lienholder:						
Address:						
Email:				Phone:		
GST Registered:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	GST Number:	
Period of Insurance:	From:				To:	

2. Risk Details	
Location of Aircraft: (Airport/Residential Address)	
Construction of Hangars:	
Year Constructed:	
Security / Protection:	
Reason for Ground Risks:	

3. Aircraft Details			
All currencies are in New Zealand Dollars unless otherwise stated.			
Registration No	Year of Manufacture	Make & Model	Hull Value

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 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:				
3.	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:				
4.	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:				
5.	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:				
6.	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:				
7.	Do any of the aircraft have any unrepaired damage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
8.	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:				
9.	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 51-096, Tawa, Wellington 5249 ("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:	