

## Aircraft Helicopter – 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. Proposers Details						
The Proposer(s):						
Address:						
Email:				Phone:		
GST Registered:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	GST Number:	
Period of Insurance:	From:			To:		

2. Area of Operation	
The majority of flying will take place in:	

3. Aircraft Details					
All currencies are in New Zealand Dollars unless otherwise stated.					
Registration No	Year of Manufacture	Make & Model	Hull Value		No of Passenger Seats
			NZ\$		
			NZ\$		
			NZ\$		
Does any Bank/Finance Company have an interest in the aircraft?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:					
Registration No	Name of Lienholder (i.e. Bank/Finance Company)			Amount of loan currently outstanding	
				NZ\$	
				NZ\$	
				NZ\$	
				NZ\$	

4. Equipment							
(In addition to Aircraft Hull Values stated above)							
Spray Gear		Buckets			Other (Please state)		
	NZ\$		NZ\$			NZ\$	
	NZ\$		NZ\$			NZ\$	
	NZ\$		NZ\$			NZ\$	

## 5. 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"/>					

## 6. Pilot Details

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

<b>Full Name:</b>											
Date of Birth:			Licences Held / Ratings Held:								
Rotor Wing Total Time:			Piston:			Turbine:					
Time on all Makes & Models being Insured:											
Fixed Wing Total Time: (If any)											
Incidents last 5 years: (see below)								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CAA Convictions: (see below)											
<b>Full Name:</b>											
Date of Birth:			Licences Held / Ratings Held:								
Rotor Wing Total Time:			Piston:			Turbine:					
Time on all Makes & Models being Insured:											
Fixed Wing Total Time: (If any)											
Incidents last 5 years: (see below)								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CAA Convictions: (see below)											
<b>Full Name:</b>											
Date of Birth:			Licences Held / Ratings Held:								
Rotor Wing Total Time:			Piston:			Turbine:					
Time on all Makes & Models being Insured:											
Fixed Wing Total Time: (If any)											
Incidents last 5 years: (see below)								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CAA Convictions: (see below)											
<b>Full Name:</b>											
Date of Birth:			Licences Held / Ratings Held:								
Rotor Wing Total Time:			Piston:			Turbine:					
Time on all Makes & Models being Insured:											
Fixed Wing Total Time: (If any)											
Incidents last 5 years: (see below)								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CAA Convictions: (see below)											
<b>Additional Pilot Information</b> (see note under Uses section on page 3)											
Please give details of all incidents involving accidental damage to, or theft of, any aircraft (or part thereof) during the last five years whilst under the command of any pilot named above or whilst owned and/or operated by the insured and/or owner and/or Operator stated on page 1:											

Please give details of any prosecutions brought by the Civil Aviation Authority (or equivalent in other countries) in respect of any pilot named above or Insured and/or Owner and/or Operator stated on page 1:

## 7. Uses

Please indicate annual estimate of number of hours for each use you require to be covered.

Details	Reg.No.	Reg.No.	Reg.No.	Reg.No.
Private Pleasure and Business (excluding any operation for which a charge is made)				
Commercial – use for the carriage by the Insured/Operator of passengers, baggage accompanying passengers and cargo for hire and reward				
Rental for Private Pleasure and Business uses where the operation of the aircraft is not under the control of the Insured/Operator – see overleaf				
Rental for other uses (Please state) Where the operation of the aircraft is not under the control of the Insured/Operator – see overleaf				
Type rating, advanced instruction / continuation training and BFR of named pilots by any QFI, is automatically covered. Please give details of other instruction uses required:				
Ab-initio instruction of students				
Instruction excluding ab-initio				
Please give minimum experience of pilots under instruction:				
Instruction of named pilots (Please give details of QFI under Pilots section)				
Sales Demonstration				
*Agricultural Work: Spraying, Seeding, Dusting, Fertilizing				
*Slung Uses – what is usual slung load (circle as appropriate)?				
Logs   Moss   Fish-carcasses   Pylon setting   Farm lifting Other (Please state)				
Whale and/or Fish Spotting				
*Fire Fighting / Lighting				
*Wild Animal Recovery (live capture)				
Pest Destruction including shooting from helicopter				
Baiting				
*Mustering				
Hunter / Fisherman Positioning				
Police Work				
Search and Rescue				
Medivac including primary rescue				
Medivac – hospital transfer only				
Power and Pipe Line Patrol				
*Heli-skiing				
Oil Rig Support				
TV / Film Work				
Aerial Photography				
Marine Pilot Transfer				
Frost Protection				
Other Uses (please give full details)				

\*If you have indicated you require cover for these Uses, please give Pilot's experience for each Use in the Additional Pilot Information Section on page 2.

If you have indicated you require cover for Rental uses, please advise:

Who will you be renting to?

Please give details of all incidents involving accidental damage to, or theft of, any aircraft (or part thereof) during the last 5 years whilst owned and/or operated by the rental company.

Please give details of any prosecutions brought by the Directorate of Civil Aviation (or equivalent) in respect of the rental company.

If renting to named individual, please give their details under the Pilots section on page 2. If not, please give minimum experience of rental company pilots.

**General Questions**

1.	Will aircraft be operating more than 100 nautical miles from the coast of New Zealand?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please give details:				
2.	By whom will the maintenance and running repairs be carried out?				
3.	a) Where will the aircraft usually be kept?				
	b) Is the aircraft normally kept in a hangar?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please state construction of hangar				
4.	Have you previously held an Aircraft Insurance Policy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, please state names of Insurers:				
5.	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"/>
6.	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 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.

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