

# TRAFFORDS AVIATION PROPOSAL FORM

Underwritten at  
**LLOYD'S**

You must give true and full answers to all questions to ensure that your policy provides you with adequate cover.  
If you do not do so then your insurance may not protect you in the event of a claim.

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## PROPOSER

Title	Surname	First Name(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name of Group (if any)	<input type="text"/>			
Address (for correspondence)	<input type="text"/>			
<input type="text"/>				
Telephone	Home	Work	Mobile	Fax
E-Mail address	<input type="text"/>			

## AIRCRAFT DETAILS & SUMS INSURED

Aircraft Type (Make and Model)	Registration Mark	Year Built	Number of <i>Passenger</i> Seats	Undercarriage configuration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Section 1	Aircraft including standard instruments and equipment.	£	Trailer (if applicable) £	
Sections 2 & 3	Legal Liability to Third Parties and Passengers.	<input type="checkbox"/> I require the minimum amount based on the Max Take off Mass selected below <input type="checkbox"/> Under 499kg <input type="checkbox"/> 1,000 – 2,699kg <input type="checkbox"/> 500 – 999kg <input type="checkbox"/> Other – Please specify: <input type="checkbox"/> I require limit higher than the minimum. Limit required : £		

The standard policy automatically includes: (a) Crown Indemnity (MOD) (b) German & Danish Compulsory Liability Limits (c) Motor Vehicle Airside Liability cover

## COVER REQUIREMENTS

Please give full details of the purposes for which the aircraft will be used, e.g Private Pleasure, Private Business, Flying Club Instruction, Hire, Charter, Air-Taxi, Agricultural, Glider Towing, Parachute Dropping, Aerobatics, Racing.

Full details of airfield or location where the aircraft will be kept

Is the aircraft kept in a hangar?  Yes  No  
(if no then please give full details)

Will the Aircraft be used solely in the U.K &/or Europe?

Yes  No

Have any of the pilots or the Proposer ever been convicted of arson or any offence involving dishonesty e.g. fraud or theft ?

Yes  No

Have any of the pilots or the Proposer ever been reported to the CAA (or any other authority) for any accident or incident while in charge of an aircraft or prosecuted for any flying related offence ?

Yes  No

Have there been any 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 detailed herein or whilst owned or operated by the Proposer? (If yes please give full details below)

Yes  No

(Please give date, description of loss, amount of loss, and name of insurer &/or broker, plus name of pilot or Proposer to which this relates)

**PILOT DETAILS** (including the Proposer)

Full Name	Date of birth (or age)	Type of Licence	Total Logged Hours	Logged Single engine fixed wing total time	Hours Logged on the make & model of aircraft to be insured	Logged Hours tailwheel / tricycle (please delete as appropriate)	Hours flown in last 12 months

Do any of the required pilots have any medical conditions that should be declared to an insurer (medical conditions are material facts)?  Yes (please specify in other material information box below)  
 (Please note that NPPL holders should declare any medical conditions that would preclude the issue of a Class 2 JAR medical)  No medical conditions to declare

Please state the number of hours you expect the aircraft to fly in the next 12 months.

*Underwriters use the above figure in their calculations together with an allowance for reduced use during periods of inclement weather and for maintenance work*

Name of Previous insurers and brokers (if any)

Date of expiry of previous policy

Last year's Premium

Number of years with same broker.

Please state date from which cover is required

*No cover is in force until agreed by us in writing.*

**DECLARATION**

***You must read this before signing below.*** To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts (a material fact is one likely to influence acceptance or assessment of this proposal by Underwriters). If you are in any doubt whether a fact is material or not you should disclose it. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void this insurance. No insurer has declined to accept, cancelled, refused to continue only on special terms any insurance for me or any other person to whom this insurance will apply.

**Other Material Information**

I understand that signing this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statement made herein and the information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance.

**Signature of the Proposer**

**Date**