

TRAFFORDS 2025 SPECIAL OFFER FOR UK SINGLE SEAT UNDER 499kg AIRCRAFT

THIRD PARTY LIABILITY PROPOSAL FORM

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.
If you tick a shaded box please provide further information.

This product is only available if you have received a personal offer code from us in the post. Please state the code

PROPOSER DETAILS

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

Is the aircraft used solely for private pleasure purposes (including if required own business) ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the aircraft used solely in the U.K and Europe ?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have any of the pilots or the Proposer ever been convicted of arson or any offence involving dishonesty e.g. fraud or theft ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of the pilots or the Proposer ever been reported to the CAA (or any other authority) for any accident or incident whilst in charge of an aircraft or prosecuted for any flying related offence ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any incidents involving third party or passenger claims on any aircraft during the last five years whilst under the command of any pilot detailed herein or whilst owned or operated by the Proposer ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AIRCRAFT DETAILS (Must be under 499kg Max Take off Weight and a Single Seat Aircraft and have a UK G Registration)

Aircraft Type (Make and Model)	Registration Mark (UK registrations only)	Fixed or Flexwing	Undercarriage configuration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAMED PILOTS (This is a named pilots only Policy) Maximum 5 Pilots. All Pilots must be qualified and under the age of 75 for this Policy to be available

Full Name	Date of birth	Type of Licence	Total Logged Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Traffords Ltd, 7 Doolittle Yard, Frogghall Road, Amphil, Bedford MK45 2NW Telephone 01525 717185 email: aviation@traffords-insurance.co.uk

Cover and Premium that applies for Policies commencing prior 31 December 2025 providing you have not ticked a shaded box

Third Party Liability of £1,000,000 without any passenger cover - Premium £86.00 (including tax)

All the above options comply fully with the EU Minimum Liability cover for single seat aircraft up to 499kg max take off mass. This Policy does not provide any cover for your own loss or damage to your aircraft. It is purely a Third Party Policy to meet the mandatory liability limit to be legal to fly. You do not have to pay any excess in the event of a claim. Higher Liability limits available upon request. Where two or more single seat aircraft are owned by the same person and they are the sole pilot then such additional aircraft can be included without charge.

Location of your aircraft

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)

Your Previous cover

Name of Previous insurers and brokers (if any)	Date of expiry of previous policy	Last year's Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional information you wish to tell us

Please use this space for any additional information you wish to tell us

Premium Payment of the £ 86.00 (including tax)



Bank Transfer to **60-18-11 68917570**

I wish to arrange cover effective for Third Party Liability of £1,000,000

Email address for documents:

Please enter the following information for us to debit your card for the Premium of £86.00 (including tax):

Card Number

Expiry Date Valid From Issue No. Security No. (The last three digits from the signature strip on the reverse of your card)

DECLARATION

I have taken all reasonable care to answer the above questions honestly and to the best of my knowledge. I understand that if I have not answered any questions correctly, my insurance may be cancelled and any claim rejected or not fully paid.

I have reviewed www.traffords-insurance.co.uk/TermsOfBusiness/ for Traffords' current charges and conditions of trade.

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

The information provided on this form, together with medical and any other information obtained from you or from other parties about you in connection with this insurance, will be used for the purposes of determining your application, the operation of insurance (which includes the process of underwriting, administration, claims management, rehabilitation and customer concerns handling) and fraud protection and detection. Information will be processed in the UK and may also be transferred outside the EEA for these purposes. Information may be shared for these purposes with group companies, insurers, third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of your personal data. By completing this form (irrespective of signing), you consent to the processing of any personal data about you, including sensitive personal data, the transfer of such personal data about you overseas for these purposes as set out in this notice by Traffords Ltd, Insurers that we use and any other data controllers to which the personal data are transferred or disclosed for these purposes. Your personal data will be processed fairly and securely in accordance with the Data Protection Act 1998. Your personal data will only be available to those who need to see it. For example, sensitive data, such as medical records will be used for the purposes of underwriting or claim management and rehabilitation only. You are entitled to a copy of all your personal data upon receipt of a written request to the following address: Traffords Ltd, 7 Doolittle Yard, Frogghall Road, Amphil, Bedford MK45 2NW, United Kingdom. We may charge a small fee for this service. You may ask us to correct or remove information that you think is inaccurate.

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