

# TRAFFORDS 2023 UK MICROLIGHT LIABILITY PROPOSAL FORM

Underwritten by Certain Underwriters 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.  
If you tick a shaded box please provide further information.

Coverholder at **LLOYDS**

## 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	Work	Mobile	Fax
<input type="text"/>	<input type="text"/>	<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) ?  Yes  No

Is the aircraft used solely in the U.K and 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 whilst in charge of an aircraft or prosecuted for any flying related offence ?  Yes  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 ?  Yes  No

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

NAMED PILOTS							
Full Name	Date of birth (or age)	Type of Licence	Total Logged Hours	Logged Single engine fixed wing total time	Logged flexwing total time	Hours Logged on the make & model of aircraft to be insured	Logged Hours tailwheel / tricycle (please delete as appropriate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Alternatively please tick here  if you require any qualified Pilot to fly the microlight (available at no additional cost providing only one microlight is insured)

## Cover and Premium(s) that apply for Policies commencing prior 31 October 2023 providing you have not ticked a shaded box

Option 1 – Third Party Liability of £1,000,000 without any passenger cover - Premium £184.40 (including tax)

Option 2 – Third Party Liability of £1,000,000 + £125,000 passenger cover - Premium £302.00 (including tax)

All the above options comply fully with the EU Minimum Liability cover for aircraft up to 499kg max take off mass. You do not have to pay any excess in the event of a claim. Higher Liability limits available upon request. Where two or more microlights are owned by the same person and they are the sole pilot then such additional aircraft can be included without charge.

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

## 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



I wish to arrange cover effective  on the following option :

- Documentation Supplied by E-mail**
- Option 1 – I require Third Party Liability of £1,000,000 without any passenger cover – Premium £184.40 (including tax)
  - Option 2 – I require Third Party Liability of £1,000,000 + £125,000 passenger cover – Premium £302.00 (including tax)

Email address for documents:

## Please enter the following information for us to debit your card :

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/terms-of-business/](http://www.traffords-insurance.co.uk/terms-of-business/) 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, Lloyd's Underwriters 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, Froghall Road, Amphill, 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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