TRAFFOR	DS 2024 SPECIAL OFFE	R FOR UK SIN	NGLE SEAT UN	DER 499kg	<u>AIRCRAFT</u>
	THIRD PART	Y LIABILITY	PROPOSAL FO	<u>DRM</u>	
If you do not do so	and full answers to all questions to ensure that then your insurance may not protect you in the d box please provide further information.	your policy provides you wi event of a claim.	th adequate cover.		
This product is only	available if you have received a personal offer c	ode from us in the post. Ple:	ase state the code		
PROPOSER D					
Title	Surname	F	irst Name(s)		
Name of Group (i	if any)				
Correspondence address					
Telephone	Home		Mobile		
E-Mail address					
	d solely for private pleasure purposes (i	ncluding if required ow	n business) ?	☐ Yes	No
	d solely in the U.K and Europe ?			□ Yes	No No
Have any of the p e.g. fraud or theft	ilots or the Proposer ever been convicte ?	d of arson or any offen	ce involving dishonesty	Yes	□ No
	ilots or the Proposer ever been reported nt whilst in charge of an aircraft or pros			Yes	□ No
	ny incidents involving third party or pa r the command of any pilot detailed her				🗋 No
AIRCRAFT D	ETAILS (Must be under 499kg Max '	Fake off Weight and a	Single Seat Aircraft and	l have a UK G R	egistration)
Aircraft Typ	be (Make and Model)	Registration M (UK registration		Fixed or Flexwing	Undercarriage configuration
	TS (This is a named pilots only Policy lots. All Pilots must be qualified and		or this Policy to be availa	ble	
	Full Name	Date of birth	Type of Licence	Total	Logged Hours

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

All the above options compl	iability of £1,000,00	Liability cover fo	r single seat airc	raft up to 499kg m	nax take off m	ass.		,	
This Policy does not provide You do not have to pay any Higher Liability limits availa	any cover for your own loss of excess in the event of a claim. able upon request	or damage to your	aircraft. It is pu	irely a Third Party	Policy to mee	t the mandatory liab	ility limit to	b be legal to fly.	
Where two or more single se	at aircraft are owned by the sa	ame person and the	ey are the sole p	ilot then such addit	tional aircraft	can be included with	out charge		
Location of your a	nircraft								
full details of airfiel	d or location where	the aircraft v	will be kep	t					
s the aircraft kept ir	a hangar ? 🔲 Ye	es 🗆 N	0						
f no then please give full deta	ils)								
Your Previous cov									
ame of Previous in	surers and brokers (if any) I	Date of exp	oiry of previo	ous policy	/		ast year's Premium	
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lease use this space	for any additional i	nformation	you wish to	o tell us					
Promium Poymor	t of the £ 86.00 (inc	eluding tov)							
DELTA		VIS	Α	MasterCard	Bar	nk Transfer	to 60)-18-11 689175	570
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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, their management, etablistican deta sustance concerns handling) and fraud protection and detection. Information with the process of and determining about the ELS for these purposes. The process of the termining the

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