

# TRAFFORDS AVIATION 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.

Cover excludes water based operations

Title	Surname	Initials and First Name(s)	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Group or Company (if any) <input style="width: 100%;" type="text"/>			
Correspondence address <input style="width: 100%;" type="text"/>			
Telephone / Fax		Telephone	Fax
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
E-Mail address <input style="width: 100%;" type="text"/>			

### Aircraft Details & Sums Insured

Aircraft Type (Make & Model)	Registration Mark	Agreed Value	Seating
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<b>Aircraft £</b>	Pilot + Seat(s)
		If Trailer please state value £	

### Yourself and any Named Pilots (please continue on separate sheet if necessary)

Full Name	Date of Birth	Type of Licence or state if still under training	Total Logged Hours	Logged Single Engine Fixed Wing Total	Logged Hours on the make & model of aircraft to be insured	Tailwheel Hours (if applicable)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### Uses and General Questions (if you tick a shaded box then please provide further information)

- Private Pleasure Business     
  Rental for Private Pleasure Business     
  Survey / Photography     
  Charter / Air Transport  
 Ab-initio Pilot Training     
  Aerobatic Competitions     
  Aerobatic Displays     
  Corporate Use  
 **Medivac, Hunting, patrol, fire-fighting, the intentional dropping, spraying or release of anything, any form of experimental or competitive flying, and any other use involving abnormal hazard**

- Is the aircraft used solely in the United Kingdom and Europe ?       Yes       No
- Do any of the pilots or the Proposer have medical conditions that would preclude the issue of an EASA Class 2 Medical Certificate?       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
- 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 ?       Yes       No

- Please tick the covers required :     
  Hull Cover     
  Third Party Liability     
 Preferred Liability Limit     
  Suitable to comply with EC785 (Max Take off Mass      kg)  
 Passenger Liability (max passengers ever carried:      )     
  Home Airfield requires minimum of £

Estimated annual utilisation of the aircraft  Hours (note this is only an estimate – do not over estimate it could affect your premium)

Location of your aircraft  Stored :   
 in a hangar   
 in the open   
 in a trailer

Current broker / insurer  Date of policy expiry  Current Premium

Additional information you wish to tell us

### 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 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.

Signed  Date

**Traffords Ltd, 7 Doolittle Yard, Froghall Road, Amphill, Bedford MK45 2NW Telephone 01525 717185 Fax 01525 717767 email: info@traffords-insurance.co.uk**

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 your 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.**