

## Aircraft Hull/Liability Policy requirements

### Requirement form for Proposal generation

#### A. General Information

1.	Name of the Insured	
2.	Address of Insured	
3.	Business or Occupation	
4.	Telephone Number	
5.	Fax Number	
6.	Contact Name	

#### B. Details of Insurance required (Required details)

1.	Period for which Insurance coverage is required (Both dates inclusive)	
	Start Date	End Date
	<b>Types Of Insurance required</b>	
2.	Business-jet insurance	Yes No
3.	Pilot Insurance	Yes No
4.	Ferry Flight Insurance	Yes No
5.	Ferry Flight Pilot Insurance	Yes No
6.	3rd party insurance	Yes No
7.	Liability insurance	Yes No

#### C. Details of Insurance Product Required.

	Legal Liability Insurance	Yes/No	Indemnity Limit
1.	Third party legal liability	Yes No	
2.	Legal liability to passengers	Yes No	
3.	Combined single limit 2 and 3 can be joined to provide a combined single limit if required	Yes No	
4.	Baggage legal liability	Yes No	
5.	Cargo/Mail legal liability	Yes No	
6.	Premises legal liability	Yes No	
7.	Hangar keepers liability	Yes No	
8.	Aircraft products liability	Yes No	
9.	Airport owner and operators' liability	Yes No	
10.	Aircraft refueling liability	Yes No	
11.	Personal accident required Crew Including Excluding Loss of license Including Excluding	Yes No	(Please specify limit required)
12.	Medical payments required Crew Including Excluding	Yes No	(Please specify limit required)
13.	Accidental damage to insured aircraft required Type Flight Taxi Ground	Yes No	(Please specify sum insured)
14.	Additional coverage requirement, please give details and limit required		

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### D. Aircraft Details (please attach additional sheets if insufficient space provided)

1.	Number of aircrafts to be proposed	
2.	Type of Aircraft	New      Old
3.	Manufacturer	
4.	Type and variant	
5.	Series number	
6.	Year of manufacture	
7.	Date of Expiry and Category of C of A	
8.	Passengers seating capacity  <div style="text-align: right;">Licensed Declared</div>	
9.	Registration Identification marks	
10.	Date of purchase	
11.	Present value	
12.	Value of Extra Equipments –viz. all avionics and accessories e.g. radio / navigational equipment etc.	
13.	Proposed use of the Aircraft	

### E. Aircraft Additional Details

1.	Total value declared for insurance purposes (Present + Extra equipment)	
2.	Third party interest in Aircraft (e.g. Bank / Finance House)	
3.	Annual estimated utilization	
4.	Will the aircraft be used for instructions other than conversion training?  <div style="text-align: right;">If yes, please give details.</div>	Yes      No
5.	Will the aircraft be flown at night?  <div style="text-align: right;">If yes, please specify extent limit.</div>	Yes      No
6.	Geographical limits for which insurance is required	
7.	Where will the aircraft usually be kept?	
8.	Is the aircraft normally be kept in hangar?  <div style="text-align: right;">Hangar's construction type</div>	Yes      No
9.	Expected number of hours of utilization	
10.	Number of hours aircraft flown till date	
11.	Who will be maintaining the Aircraft?	
12.	Will the aircraft be taxed by persons other than licensed pilots or competent licensed engineers?  <div style="text-align: right;">Please, give details when and with whom</div>	Yes      No

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### F. Insurance History of Aircraft

1.	Please provide the Insurance history	
2.	Name of the past Insurer	
3.	Premium amount	
4.	Please state the details of all accidents losses during the last five years	

### G. Pilot Details (please attach additional sheets if insufficient space provided)

1.	Number of pilots to be proposed	
2.	Name	
3.	Date of Birth	
4.	Type of Aircraft flown	
5.	Type ratings	
6.	Flying Experience	
	Hours on single engine Hours on multi engine Hours on type Hours on turbine engine aircraft Hours in Day Hours in Night Total Hours Total Hours in Last 3 Months	
7.	Current License No.	
8.	Date of Expiry of License	

### H. Proposal Form for Aviation Personal Accident Insurance

Available for Pilots , Navigators, Aircraft Flight Engineers Aircraft Flight Technicians and Crew Members

1.	Number of pilots to be proposed	
2.	Designation or Occupation	
3.	Capital Sum Insured	
4.	Benefits required viz. Death, loss of limbs etc	
5.	Nature of flying to be done	
6.	Geographical limits to which flying will be confined	

### I. Form for Loss of License Insurance details (Pilot)

1.	Name of License Holder	
2.	Address	
3.	Date of Birth	
4.	Height	
5.	Weight	

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6.	Occupation	
7.	Name Of Employer	
8.	License Number and type	
9.	Rank	
10.	Total hours Flown	
11.	Capital sum Insured	

### J. Ferry Flight Insurance details

1.	Date of possession of Aircraft	
2.	Current place of Aircraft	
3.	Manufacturer's Details	
4.	Ferry Flight route & details	
5.	Aircraft Purchase Agreement	
6.	Is any refurbishment involved?	Yes    No
	If yes, please provide the details	
7.	Exact Sum insured details	
8.	Is there any training involved?	Yes    No
9.	Name of the Ferry Flight Operator	
10.	Limit of Liability for Ferry Flight	
11.	Period for which Insurance coverage is required (Both dates inclusive)	
	Start Date	End Date

### K. Details of Ferry Flight Pilot

1.	Name	
2.	Date of Birth	
3.	Type of Aircraft flown	
4.	Flying Experience	
	Total Day Night Total In Last 3 Months	
5.	Current License No.	
6.	Date of Expiry of License	