

**GENERAL AVIATION INFORMATION SHEET**

**1) INSURED**

- a) Name of Insured : .....
- b) Address of Insured : .....
- c) Business of Insured : .....
- d) Number of Years in Operation : .....

**2) PERIOD OF INSURANCE :** .....

**3) AIRCRAFT** :

- a) Make and Model of each Aircraft : .....
- b) Year of Manufacture : .....
- c) Registered marks : .....
- d) Agreed Value of each Aircraft for Insurance Purposes : .....

e) Number of passenger / crew seats fitted to each Aircraft : .....

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f) Who is responsible for the maintenance of the Aircraft : .....

**4) USES AND UTILISATION**

a) Full details of uses : .....

b) Estimated annual utilisation for each use. : .....

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**5) SITUATION**

a) Where is/are the Aircraft based : .....

b) Is/Are the Aircraft hangered : .....

**6) PILOTS**

a) Names of Pilots : .....

b) Licence held : .....

c) Total Hours (Split between Fixed / Rotor wing) : .....

d) Hours on Type : .....

e) Do Pilots undergo recurrency training ? If yes, where and how often ? : .....

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f) Do Pilots have any losses or violations to their licences in the last five years ? If yes, please provide full details : .....

g) Minimum hours required for an open Pilot warranty (if applicable). : .....

7) **LIABILITY LIMITS REQUIRED** and type i.e. or Combined Single Limit or separate limits for Third Party Legal Liability and Passenger Legal Liability.

a) Limit required for combined single limit ..... Third Party legal liability  
 ..... or ..... Passenger Legal Liability.

b) Limit required for Passenger Personal Accident (if applicable) .....

c) Limit required for crew personal accident (if applicable) : .....

d) Limit required for Medical Expenses : .....

8) **LOSS / CLAIMS HISTORY**

Details of past accidents / losses / claims, if any, in the past five years : .....

9) **COVER REQUIRED**

Hull and Liability Insurance : .....

Personal Accident Insurance : .....

War Insurance : .....

Deductible Insurance : .....

Spares : .....

**10) DOES THE INSURED OR ANY EMPLOYEE OF THE INSURED UNDERTAKE ANY AVIATION ACTIVITIES TO THIRD PARTIES TO WHICH COVER IS REQUIRED.**

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**11) NAME OF CURRENT INSURER AND EXPIRY DATE AND RATES CHARGED (IF KNOWN).**

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