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**AIRCRAFT HULL AND LIABILTY INSURANCE QUESTIONAIRE**

1. Full name of the main Insured(s): Click here to enter name.
2. Address of the main insured(s): Click here to enter address.
3. Is coverage required for any subsidiary or associated companies? [ ] Yes [ ] No
	1. If so, please advise details Click here to enter details.
4. Details of the aircraft to be insured:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Make & Model | Registration | Agreed Value – USD  | Passenger/Crew Seating  |
| Click here to enter year. | Click here to enter make & model. | Click here to enter registration. | Click here to enter agreed value. | Click here to enter seating. |

1. What is the aircraft used for?

|  |  |  |
| --- | --- | --- |
| Private Pleasure, Business  |[ ]  Club Uses  |[ ]  Parachuting  |[ ]
| Hire and Reward/ Rental |[ ]  Ab-Initio  |[ ]  Glider Towing  |[ ]
| Commercial Charter  |[ ]  Spraying  |[ ]  Racing  |[ ]
| Advanced Training  |[ ]  Display  |[ ]  Medevac  |[ ]
| Aerobatics(Competitive)  |[ ]  Aerobatics(noncompetitive  |[ ]  Other  |[ ]

1. Is the aircraft hangared? [ ] Yes [ ] No

Is the aircraft tied down? [ ] Yes [ ] No

1. Base Airfield: Click here to enter base airfield.
2. Limit of Liability quotation required, Combined Single Limit anyone accident :

|  |  |  |
| --- | --- | --- |
| USD500 000 |[ ]  USD1 000 000 |[ ]  USD1 500 000 |[ ]
| USD2 000 000 |[ ]  USD2 500 000 |[ ]  USD5 000 000 |[ ]

Other: Click here to enter other.

1. Pilots:

|  |  |
| --- | --- |
| Name | Click here to enter name. |
| Age | Click here to enter age. |
| Licence held | Click here to enter licence held. |
| Total Hours | Click here to enter total hours. |
| Hours on Make and Model | Click here to enter hours on make & model. |
| Hours on similar (Specify)  | Click here to enter hours on similar. |

Other Pilot details to be included at the end of this questionnaire.

1. Estimated hours to be flown each year, per aircraft

|  |  |  |  |
| --- | --- | --- | --- |
| 0 – 50  |[ ]  51 – 100 |[ ]  101 – 250 |[ ]   |[ ]

1. Have you made any aviation insurance claims during the past 5 years? [ ] Yes [ ] No

If yes, please advise details including amount: Click here to enter details

Also, advise details of any incidents that could have resulted in a claim. Click here to enter details.

1. Geographic area of operation. [ ] U.K [ ] U.K/E.E.C. [ ] Other

If other, please specify: Click here to enter details.

1. Who will maintain aircraft and where: Click here to enter text.
2. Would you be interested in quotes for other associated risks?

|  |  |  |
| --- | --- | --- |
| Hull War Risks  |[ ]  Personal Accident  |[ ]  Loss of Licence  |[ ]
| Airside Liability  |[ ]  Premises, Products, Hangarkeepers  |[ ]  Spares  |[ ]

1. If not anew risk, please advise who is current Insurer, with details if applicable.

Click here to enter details.

1. When is coverage to incept: Click here to enter text.
2. Do you plan to be flying into Crown(RAF/MoD) Airfields, Denmark or Germany and therefore require the higher Liability Insurance needed:

 Crown [ ] Yes Germany [ ] Yes Denmark [ ] Yes

 [ ] No [ ] No [ ] No

1. Please provide copies of any insurance/indemnity clauses that may affect coverage.
2. Is the aircraft subject of a loan, rental agreement or other encumbrance, or registered to another party. If so please advise details. Click here to enter details.
3. In connection with aircraft insurance, has any insurance company or Underwriter ever:

Declined to accept your proposal [ ] Yes [ ] No

Refused to renew your policy [ ] Yes [ ] No

Cancelled your policy [ ] Yes [ ] No

If answer to any of these is yes, please provide details.

Click here to enter details.

1. Please advise any other material fact or information that may be considered relevant to potential Insurers.

Click here to enter relevant information.

Applicant’s Name: Click here to enter name. Signed: Click here to enter signature.

Title: Click here to enter title. Date: Click here to enter date.