

Commercial aircraft proposal attachment



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Please return to aviation.admin@qbe.com or as advised by your underwriter or broker

Name of insured				
Address				State
				Postcode
Period of insurance (dd/mm/yyyy)	from		to	

Schedule of aircraft (if applicable)

A/C No.	Make and model	Yr. Mfg.	Reg. No.	Seats (inc.) crew	Sum to be insured	Total No. hours	Flight operations during last 12 months			
							Approximate % flown for each operation			
							Instruction	Rental	Charter	Other
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										

If any aircraft have hail damage, complete the following

A/C No.	Date(s) damage incurred (dd/mm/yyyy)	Amt of ins. payment	A/C No.	Date(s) damage incurred (dd/mm/yyyy)	Amt of ins. payment	A/C No.	Date(s) damage incurred (dd/mm/yyyy)	Amt of ins. payment

If any aircraft are encumbered, please complete the following

A/C No.	Amount of lien	Name and address of lienholder	Type of contact

If any aircraft are hired out complete the following in respect of each type/pilot warranty

Aircraft type	Minimum pilot licence and hours						
	Licence	Ratings	S.E. fixed gear	S.E. ret. gear	Multi-engine	Total all types	Total last 180 days

Aircraft physical damage coverage required

Accidental damage	(i) Full flight, taxiing and ground risks	Item No.s	
	or (ii) Ground and taxiing risks only	Item No.s	
	or (iii) Ground risks only	Item No.s	

Liability coverage required

(a) Legal liability to third party property damage and bodily injury excluding passengers.		\$	
(b) Passenger legal liability - any one passenger. or	\$		\$
(c) Passenger legal liability - all passengers (single limit).		\$	
(d) Pilot in command. or alternatively	\$		\$
(e) Combined single limit (A & B & D)		\$	
(f) Other liability.		\$	
(g) ACT liability required	Yes	No	
Do you wish to insure for loss of use? (Limited to business aircraft).			
If so, state daily amount and number of days (N.B. No cover for first 14 days)	\$		Days
Advise details of check and training program for company pilots:			
Operation of non-owned aircraft during past 12 months			
(a) Passenger seating capacity of largest non-owned aircraft			
(b) Purpose for operating non-owned aircraft			
(c) Any change contemplated for next 12 month	Yes	No	
Number of years in business under current management			
Name of manager			

List all accidents/incidents insured and uninsured during past 5 years. Use extra sheet if necessary.

Date (dd/mm/yyyy)	Amount	\$	Description

Name of previous insurer

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Has any insurer cancelled or refused to renew any (aviation) insurance policy

Yes No

If Yes, state company and reason

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Declaration

All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this attachment and the terms and conditions of the aircraft policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I/we hereby authorise the insurer to investigate all or any qualifications of statements contained herein.

Position in company

Signature

Date (dd/mm/yyyy)

This application does not commit the insurer to any liability nor make the proposer liable for any premium unless the Insurer agrees to effect this insurance. (The insured's Insurance agent may not sign this application for the insured)

Agent/broker			
Address			
	State		Postcode
Phone	Fax		

Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint.

When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our **Privacy Policy** at www.qbe.com.au/privacy, or to obtain a copy by phoning us on **133 723** or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.