



HELICOPTER INSURANCE PROPOSAL

Please complete this form in block capitals. Please note that an answer should be given to every question

Personal Details

Name of Proposer _____

Name of Insured (if different) _____

Address _____

Post Code _____ Telephone Number _____

Date from which cover is required _____

Details of Aircraft to be Insured

Airframe/Engine

Make	Year of Construction	Licensed Passenger Seating Capacity	Registration

Value

** You should carefully consider the fact that Robinson R22 and R44 Aircraft are time expired at 2200 hours or 12 years in respect of airframe and engine as this will have an effect on the value of the aircraft.*



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Present Value* of Aircraft (including standard Instruments and Equipment)	Details of any Equipment and Accessories to be included within the total declared value		Total Declared Value for the purpose of this insurance
	Type	Value	

Coverage Required

a. Loss of Damage to Aircraft

- Rotors in Motion and Rotors Not in Motion
- Rotors Not in Motion

b. A Combined Single Limit for Third Party and Passenger Legal Liability

Limit of Indemnity _____ any one accident

or alternatively

c. Legal Liability to Third Parties (other than Passengers)

Limit of Indemnity _____ any one accident

d. Legal Liability to Passengers

Limit of Indemnity any one Passenger _____ any one accident



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Pilots

Pilot's Name	Age	Valid Licences Held	Make and Model of Aircraft Flown and Date of Last Flight	Logged Rotor Wing Flying Hours P1	
				For Make And Model Proposed	For all Helicopters

Geographical Limits

Please state the Geographical limits you require:

Your Uses

Please state the precise purposes for which the aircraft will be used. Mark those you require with an 'X'. These will be incorporated in your policy.

- | | |
|---|---|
| <input type="checkbox"/> Private Pleasure | <input type="checkbox"/> Emergency Medical Evacuation |
| <input type="checkbox"/> Business/Industrial Aid | <input type="checkbox"/> Fire Fighting |
| <input type="checkbox"/> Abinitio Instruction | <input type="checkbox"/> Aerial Survey Work |
| <input type="checkbox"/> Rental | <input type="checkbox"/> Power and Pipe Line Patrol |
| <input type="checkbox"/> Commercial Carriage of Passengers &/or Cargo | <input type="checkbox"/> Pylon Setting |
| <input type="checkbox"/> Ferry Flight* | <input type="checkbox"/> Transportation of Skiers |
| <input type="checkbox"/> Slung Uses* | <input type="checkbox"/> Mountain Work* |
| <input type="checkbox"/> Mustering of Cattle | <input type="checkbox"/> Offshore Flying |
| <input type="checkbox"/> Mustering of Wild Animals | <input type="checkbox"/> Oil Rig Support |
| <input type="checkbox"/> Recovery of Wild Animals | <input type="checkbox"/> Fish Spotting |
| <input type="checkbox"/> Crop Spraying | <input type="checkbox"/> TV Film Work |
| <input type="checkbox"/> Top Dressing | <input type="checkbox"/> Aerial Photography |
| <input type="checkbox"/> Fire Lighting | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Police Work | <input type="checkbox"/> Air Display/Air Shows* |
| <input type="checkbox"/> Search and Rescue | <input type="checkbox"/> Parachute Dropping |

**** If yes, please give full details below***

Please state here any other purposes for which you will use the Aircraft and also use this space to give any specific information relating to your uses which will be of help in the assessment of risk.



Please state here details of any claims/accidents involving aircraft and/or pilots :-

Warranties (to be signed by the Proposer on behalf of the Insured person(s) or company)

I warrant that the aforementioned Aircraft is the property of the Insured named hereon, the statements and particulars given are correct and no material information has been withheld or suppressed. Furthermore, I warrant that the following statements are true:

1. There have been no 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 named hereon or whilst owner and/or operated by an Insured named hereon, other than those stated in the Loss Record section of this proposal.
2. There have been no prosecutions brought by the Civil Aviation Authority (or equivalent) in respect of any pilot or Insured hereon.

Signed _____ **Dated** _____

The completion of this Proposal form in no way binds the Proposer to complete an insurance, but the answers given herein will form the basis of any insurance contract entered with Insurers. Insurers reserve to themselves the right to decline any Proposal without assigning a reason.