

Request for an Aviation Insurance Offer

Insured/Prospective Customer

Company

Name

Private Person

Form of Address

Title

First Name

Surname

Street Address

Country

Postal Code

City

Phone No.

Fax No.

E-mail address

Aviation enterprise in accordance with regulation (EEC) 2407/92

yes

no

desired starting date of coverage, manner of payment

Date coverage should start

Manner of payment

annually

half-yearly (3% additional charge)

quarterly (5% additional charge)

General aircraft data

Manufacturer

Model

Serial no.

Registration no.

Year of construction

Max. take-off weight

Max. freight capacity

Number of seats

Pilots:

Passengers:

Category of aircraft

Experimental

Self-built

Prototype

Amphibious

Hours flown per year

Is the plane kept in a hangar?

yes

no

Where is the aircraft stationed?

Geographical Limits

Geographical applicability of the Insurance

World-wide

World-wide, excluding the USA

Europe

Aircraft Use

Used for

Private

Commercial

Flying club

Type of Flights

Business and travel flights

Industrial flights

Person and freight transport

Fire-fighting or crop-spraying flights

School/training flights

With beginner training

Without beginner training

Towing

With banner

With loads

With gliders

Aerobatics

Sky diving flights

Film and photo flights

Other flights

Charter

yes

no

Charter type

With own pilots

With other pilots

Request for an Aviation Insurance Offer

Desired liability insurance scope

CSL coverage (owner combined -, passenger and freight liability insurance)

CSL coverage yes no The insurance protection covers the legal liability of the transport of persons and luggage with the insured aircraft, as well as the legal liability in case of damage of persons and things not carried in, but resulting from the use of, the insured aircraft.

Owner liability insurance yes no Passenger liability insurance yes no Freight liability insurance yes no

Deductible desired EUR 250.00 of each claim not desired

Liability war coverage

larger coverage sum desired yes no The coverage sum of the owner liability insurance includes war and terror damages in accordance with article 7 of the European Union regulation 785/2004 and corresponds to the requirements of the German air traffic law.

Amount of coverage sum

Pilots

- open pilots clause
 named pilots (for additional pilots please use a separate sheet and attach.)

Pilot Data (1)

Form of Address	Title	First Name	Surname
Aviation Licenses <input type="checkbox"/> SPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL/ATPL		Additional Licenses/Certification	Number of takeoffs and landings per year
Total flying hours	Flying hours in the last 12 months	Flying hours on the above aircraft model	

Pilot Data (2)

Form of Address	Title	First Name	Surname
Aviation Licenses <input type="checkbox"/> SPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL/ATPL		Additional Licenses/Certification	Number of takeoffs and landings per year
Total flying hours	Flying hours in the last 12 months	Flying hours on the above aircraft model	

Pilot Data (3)

Form of Address	Title	First Name	Surname
Aviation Licenses <input type="checkbox"/> SPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL/ATPL		Additional Licenses/Certification	Number of takeoffs and landings per year
Total flying hours	Flying hours in the last 12 months	Flying hours on the above aircraft model	

Pilot Data (4)

Form of Address	Title	First Name	Surname
Aviation Licenses <input type="checkbox"/> SPL <input type="checkbox"/> PPL <input type="checkbox"/> CPL/ATPL		Additional Licenses/Certification	Number of takeoffs and landings per year
Total flying hours	Flying hours in the last 12 months	Flying hours on the above aircraft model	

Request for an Aviation Insurance Offer

Desired scope of the hull insurance

Insured sum (IS) in euro _____	Special instruments included/special equipment included <input type="checkbox"/> yes <input type="checkbox"/> no	Including value added tax <input type="checkbox"/> yes <input type="checkbox"/> no
Desired coverage type <input type="checkbox"/> current value <input type="checkbox"/> estimated value	Desired deductible <input type="checkbox"/> 1% of the IS <input type="checkbox"/> 2% of the IS <input type="checkbox"/> 5% of the IS	
Losses payee clause needed? <input type="checkbox"/> yes <input type="checkbox"/> no	Credit sum _____	Creditor _____
		Breach of warranty endorsement required? <input type="checkbox"/> yes <input type="checkbox"/> no

Desired scope of the accident insurance

- Named accident insurance
- Seat accident insurance - place system
- Seat accident insurance - after overall system

Insured sum	For each pilot seat	For each passenger seat
Death?	_____ €	_____ €
Disability?	_____ €	_____ €

Claims History

Previous Insurer _____	Termination of contract by the previous insurer <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Claim-free over the last 5 years	<input type="checkbox"/> Claim-free over the last 10 years
	<input type="checkbox"/> Claim/premium ratio under 50% over the last 5 years

The following questions refer to claims within the last five years.

Is the insured free of accidents, incidents, losses <input type="checkbox"/> yes <input type="checkbox"/> no	Is the aircraft free of accidents, incidents, losses <input type="checkbox"/> yes <input type="checkbox"/> no	Are the pilots free of accidents, incidents, losses <input type="checkbox"/> yes <input type="checkbox"/> no
Dates of accidents, incidents, losses _____	Cause of accidents, incidents, losses _____	
Sum of damage or loss _____	Sum of hull damage or loss _____	Sum of liability damage or loss _____

In case there are accidents, incidents, or losses please provide detailed information – if necessary use another sheet and attach.

General Information

The specified data will become part of the contract. With my signature I confirm that I have answered all questions completely and truthfully. I am aware that incomplete or false information may lead to the loss of the insurance protection.

Privacy Statement: I consent that the insurer stores my data in order to fulfill my request for an insurance offer, to complete my contract (if applicable), and conveys it to the reinsurer for the evaluation of the risk.

Place/date _____	Signature of the prospective customer _____
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