QBE Insurance (Australia) Limited
ABN 78 003 191 035

# Aircraft Insurance Proposal

| **Broker** | | **Policy No.** | |
|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Name of proposer (in full) | | | | | |
| Address | | | | | |
| | | State | | Postcode | |
| Telephone | | Fax | | Mobile | |
| Business or Occupation | | | | | |
| Period of Insurance | From / / | To | / / | at 4pm | |

| | | | |
|---|---|---|---|
| **Aircraft Ownership** | Are you the owner of the aircraft? | Yes ☐ No ☐ | |
| If "No", describe the nature of your interest (e.g. hirer, lessor) | | | |
| | | | |
| | | | |

**Other Interests**

State name of any other person, firm or company having a financial interest in or a lien on the aircraft and describe the nature of that interest

**Aircraft Details**

| Make and Model | Year Manufactured | Reg. Marks | Passenger Seats | Date of Purchase | Purchase Price | Market Value | Amount to be Insured | Hours Flown |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | | $ | $ | $ | |
| 2 | | | | | $ | $ | $ | |
| 3 | | | | | $ | $ | $ | |

**Modifications, Extra or Special Equipment**

Describe

| | | | |
|---|---|---|---|
| **Conditions of Aircraft** | Is the aircraft in good condition? | Yes ☐ No ☐ | |
| Is there any unrepaired damage? | | Yes ☐ No ☐ | If "Yes", give details |
| | | | |
| | | | |
| Aircraft location (base) | | | |
| Is the aircraft hangared? | | Yes ☐ No ☐ | |
| Range of operation see "Australia" definition (page 3) | | | |
| | | | |
| | | | |
| Name of organisation maintaining aircraft | | | |

**Purpose of Use**

Please show, for each aircraft, the approximate number of hours for each use over the next 12 months

| Use | Aircraft 1 | Aircraft 2 | Aircraft 3 |
|---|---|---|---|
| Private pleasure (excludes business and professional use and for hire and reward) | | | |
| Business (includes use for private pleasure, business or professional use but not use for hire and reward) | | | |
| Commercial/Charter (includes private pleasure, business uses and the carriage of passengers, baggage accompanying passengers and cargo for hire or reward) | | | |
| Flying school excluding instruction | | | |
| Aero club excluding instruction | | | |
| Instruction including ab-initio | | | |
| Instruction excluding ab-initia | | | |
| General station use (includes baiting, shooting but excludes mustering) | | | |
| Mustering | | | |

| **Purpose of Use** | | | |
|---|---|---|---|
| Use | Aircraft 1 | Aircraft 2 | Aircraft 3 |
| Agricultural work (includes spraying, seeding, dusting, fertilising) | | | |
| Aerobatics | | | |
| Parachute operations | | | |
| Hire and/or rental – Private pleasure and business uses only (for other hire and/or rental uses see below) | | | |
| **Other uses** – Describe (in full) | | | |
| | | | |
| | | | |
| **Total use in hours** (excluding any special hire and/or rental uses) over the next 12 months | | | |

| **Special Hire &/or Rental Uses** |
|---|
| To be completed if the aircraft is hired or rented to other persons, firms or organisation for other than private pleasure or business uses) |
| Name of hirer or renter |
| |
| Describe special uses permitted under the hire/rental agreement |
| |
| Flying experience of pilots allowed under the agreement |
| |
| Estimated number of hours involved in next 12 months |
| |

| **Previous Insurance** | | | | | |
|---|---|---|---|---|---|
| Have you (or a corporation of which you were a director or, if the proposer is a corporation, a person who is a director of the proposer) previously held an aircraft insurance policy? | | | Yes ☐ No ☐ | If "Yes", please provide the following details | |
| Name of insurer | | Policy Number | | Expiry Date | / / |
| Has any insurer cancelled, declined or refused to renew any such insurance policy? | | | Yes ☐ No ☐ | If "Yes", please provide details | |
| | | | | | |

| **Pilot Information** (Required for all pilots who operate the aircraft) | | | |
|---|---|---|---|
| Pilot Detail and Experience | Pilot 1 | Pilot 2 | Pilot 3 |
| Pilot's name | | | |
| Age | | | |
| Type of licence | | | |
| Ratings | | | |
| Flying experience in command (in hours) | | | |
| – Total time | | | |
| – Single engined aircraft | | | |
| – Multi engined aircraft | | | |
| – Last 12 months | | | |
| – Last 90 days | | | |
| – Make and model proposed – total time | | | |
| – Make and model proposed – last 90 days | | | |
| If pilots are not named, indicate preferred pilot warranty | | | |
| | | | |
| | | | |
| Provide detail of training courses attended in the last 2 years | | | |
| | | | |
| | | | |
| Has any pilot named above ever had their licence suspended or cancelled? | | Yes ☐ No ☐ | If "Yes", please provide details |
| | | | |
| Has any pilot named above been convicted of a breach of air navigation safety regulation? | | Yes ☐ No ☐ | If "Yes", please provide details |
| | | | |
| Has any pilot named above been involved in an aircraft accident in the past 5 years? | | Yes ☐ No ☐ | If "Yes", please provide details |
| | | | |
| Has any pilot named above been convicted of driving a motor vehicle under the influence of drugs or alcohol during the last 5 years? | | Yes ☐ No ☐ | If "Yes", please provide details |
| | | | |

| Loss Experience |
|---|
| Give details of all accidents involving aircraft or liabilities associated with aircraft in which you have been involved in the last 5 years |
| |
| |

| Convictions | | |
|---|---|---|
| Have you ever been convicted of a breach of air navigation safety regulations? | Yes ☐ No ☐ | If "Yes", please provide details |
| | | |

## Details of Insurance Required

**Accidental Damage to Aircraft**

| Cover (Flight &/or Taxying &/or Ground Risks) | Amount Proposed for Insurance | Deductible (Excess) | Premium |
|---|---|---|---|
| 1 | $ | $ | $ |
| 2 | $ | $ | $ |
| 3 | $ | $ | $ |

| Liability | | | |
|---|---|---|---|
| Legal liability to third parties for property damage and bodily injury and also to passengers | | | |
| | – Combined Single Limit of Indemnity | $ | $ |
| Is this cover to include legal liability to the pilot in command? | Yes ☐ No ☐ | | |
| ***Alternatively*** | | | |
| Legal liability to third parties for property damage and bodily injury (excluding passengers) | | | |
| | – Limit of Indemnity | $ | $ |
| Legal liability to passengers | – Limit of Indemnity any one passenger | $ | $ |
| ***or*** | – Limit of Indemnity all passengers (single limit) | $ | $ |
| Legal liability to pilot in command | – Limit of Indemnity | $ | $ |

| Additional Cover Options | | | |
|---|---|---|---|
| Passenger liability – Cover in Terms of Civil Aviation (Carrier's Liability) Act (Commonwealth or State as applicable) – If required tick box | Yes ☐ *or* No ☐ | | |
| Airfreight of parts – | If required show amount of cover | $ | $ |
| Loss of use – | If required show - Number of days cover | $ | $ |
| Note: Cover is excluded for the first | – Amount of cover per day | $ | $ |
| days following an accident | | | |
| *"Australia" means continental Australia and extending 50 miles into territorial waters, external territories (excluding Australian Antarctica, Macquarie Island, Heard Island and MacDonald Island) and passage between continental Australia and the external territories (other than the excluded territories)* | | Total Premium | $ |
| | | GST | $ |
| | | Stamp Duty | $ |
| | | Total Charge | |

## Declaration

I/We hereby declare that the foregoing particulars are true and complete to the best of my/our knowledge and belief and I/We agree that this declaration and the answers given herein and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between me/us and the company. I am/We are prepared to accept insurance on the terms and conditions set forth in the policy issued by QBE Insurance (Australia) Limited and agree to pay to QBE Insurance (Australia) Limited the total amount of premium for this insurance forthwith upon request.

Signature of Proposer _____ Date / /

## Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter:**
  - that diminishes the risk
  - that is of common knowledge
  - that we know or should know in the ordinary course of our business as an insurer, or
  - which we indicate we do not want to know.
- **If you do not tell us**

  If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may also have the option of avoiding the contract from its beginning.

## Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the ***QBE Privacy Policy Statement*** from our website **www.qbe.com.au** or contact the Compliance Manager on 02 9375 4656 or email **compliance.manager@qbe.com** for further information.

## Branch Offices

**Head Office, Asia & NZ/Pacific**
Ground Fl 628 Bourke St
Melbourne Vic 3000
GPO Box 4323
Melbourne Vic 3001

Ph (03) 8602 9900
Fax (03) 8602 9922

**Queensland**
Level12, 100 Edward St
Brisbane Qld 4000
GPO Box 705
Brisbane Qld 4002

Ph (07) 3031 8588
Fax (07) 3031 8585

**South Australia (incl W.A/N.T)**
Level 16, 45 Pirie St
Adelaide SA 5000
GPO Box 1411
Adelaide SA 5001

Ph (08) 8202 2200
Fax (08) 8202 2202

**Victoria**
Ground Fl 628 Bourke St
Melbourne Vic 3000
GPO Box 4323
Melbourne Vic 3001

Ph (03) 8602 9900
Fax (03) 8602 9911

**New South Wales**
Level 4, 82 Pitt St
Sydney NSW 2000
GPO Box 82
Sydney NSW 2001

Ph (02) 9375 4445
Fax (02) 9375 4536

QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney.