QBE Aviation

QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

Proposal for Insurance
Aerial Applicator's Liability

Broker

Policy No.

1. **Name of Proposer (in full)**

Address

Postcode

Home Telephone No.

Business Telephone No.

2. Period of Insurance From / / To / / at 4p.m.

3. Nature of business or operations

4. TYPE OF AIRCRAFT

(a) Make and Model

(b) Registration No.

Hopper Capacity

(c) Is a Smoke Generator fitted? Yes ☐ No ☐

5. Estimated operational use per year – total hours

Estimated number of hours of night spraying (if applicable)

6. Operator's Name

(a) Is Operator Spray Safe accredited? Yes ☐ No ☐

(b) Are Pilots Spray Safe accredited? Yes ☐ No ☐

7. Please provide details of principal chemicals used.

8. Please provide details of principal crops worked upon and expected location.

9. LIMITS OF LIABILITY

(a) Accidental **bodily injury** (including death, illness or disease) of other persons $ any one accident.

(b) Accidental loss of or **damage to the property** of other persons $ any one accident.

10. Are you currently insured for Chemical Liability? Yes ☐ No ☐

If so, please provide details.

11. Has any Underwriter ever declined a Proposal from you or cancelled or declined to renew your policy or required it to be endorsed or required an increased premium to be paid? Yes ☐ No ☐

If yes, please provide details

12. Please provide full details of any known or reported chemical liability claims involving the Proposer/Operator/Pilot in the last 5 years

13. Any other information relative to risk.

Signing this Proposal form does not bind the Proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a Policy be issued.

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 QBE Aviation. I am/We are prepared to accept insurance on the terms and conditions set forth in the Policy issued by QBE Aviation and agree to pay to QBE Aviation the total amount of premium for this insurance forthwith upon request.

Proposer's Signature

Date / /

The liability of QBE Insurance (Australia) Limited does not commence until acceptance of this Proposal and the issue of the Policy.

FOR OFFICE USE ONLY

	Annual Premium
Bodily Injury	$
Property Damage	$
GST	$
Stamp Duty	$
TOTAL AMOUNT PAYABLE	$

	Excesses
BI	$
PD	$

BRANCH OFFICES

HEAD OFFICE, VICTORIA AND INTERNATIONAL
310 Queen Street
Melbourne VIC 3000
Phone: (03) 8602 9900
Facsimile: (03) 8602 9911

NEW SOUTH WALES
Level 2,
55 Clarence Street
Sydney NSW 2000
Phone: (02) 9299 2877
Facsimile: (02) 9299 4210

QUEENSLAND
Level 8, Toowong Tower
9 Sherwood Road
Toowong QLD 4066
Phone: (07) 3871 3941
Facsimile: (07) 3871 3724

SA / WA / NT
Ground Floor,
Suite 4/136 The Parade
Norwood SA 5067
Phone: (08) 8331 7827
Facsimile: (08) 8331 9459

TASMANIA
84 Wells Parade,
Blackmans Bay TAS 7052
Phone: (03) 6229 6576
Facsimile: (03) 6229 2153