

AIRCRAFT HULL AND LIABILITY INSURANCE



CHECK WHICH IS DESIRED: <input type="checkbox"/> A QUOTATION <input type="checkbox"/> NEW INSURANCE POLICY <input type="checkbox"/> RENEWAL POLICY		
NAME OF APPLICANT (Including D/B/A's And Holding Companies):		
ADDRESS:	Email Address:	
PIN NO:		
BUSINESS OR OCCUPATION OF APPLICANT:		
APPLICANT IS : <input type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
Insurance Is Requested From:		To:

PILOT CERTIFICATE AND RATINGS CURRENTLY HELD

Liability Coverage	LIMITS OF LIABILITY DESIRED	
	Each Passenger	Each Occurrence
<input type="checkbox"/> SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY: Passengers: <input type="checkbox"/> included <input type="checkbox"/> excluded	KSH	KSH
<input type="checkbox"/> MEDICAL EXPENSE Crew: <input type="checkbox"/> included <input type="checkbox"/> excluded	KSH	

Physical Damage Coverage	AMOUNT OF INSURANCE DESIRED (attach explanation if other than current market value)
AIRCRAFT <input type="checkbox"/> ALL RISK BASIS <input type="checkbox"/> ALL RISK BASIS NOT IN FLIGHT <input type="checkbox"/> ALL RISK BASIS NOT IN MOTION	Kshs

Aircraft: If Airworthiness Certificate is other than Standard, please explain
If engine is being operated beyond TBO, please explain

Year, make and Model	FAA Registration Number	Seating capacity		Land(L) Sea(s) Amph(A)	PURCHASED		Current market Value (Incl. Extras)	No. of hours Aircraft Flown IN Last 12 Months	Est. No. of Hours Next 12 Months
		Crew	Other		New or Used	Date			
							Kshs		

Aircraft usually based at:	(Name of Home Airport. If Private Airport, give detailed location)
<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down	

ARE ANY FLIGHTS CONTEMPLATED OUTSIDE KENYA? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" where?
And BETWEEN LONGITUDE & LATITUDE

PURPOSE OF USE (Check all applicable uses)

<input type="checkbox"/> Pleasure <input type="checkbox"/> Business (not flown by professional pilots employed for this purpose)
The following uses are excluded: • Skydiving or skydiving related activities • Power line, pipeline or highline patrol • Aerial photography or cinematography • Any form of hunting • Taxi, take off or alighting on water, while the aircraft is equipped with float • Taxi, take off or landing on snow or ice, while the aircraft is equipped with skis • Any use involving a charge intended to result in financial profit to the Insured.
<input type="checkbox"/> Other uses not indicated above (explain)

PILOTS: Complete This Section (Including item 1-5 Below) For Every Pilot Who Will Operate An Aircraft During The Policy Term Unless A Pilot Questionnaire Is Completed By the Pilot

NAME OF PILOT	Date of Birth	Pilot Certification and Ratings								Medical Certificate		Hours Logged As Pilot in Command						
		Stud.	Sport	Pvt.	Com'l.	ASEL	AMEL	Instrumt.	Other	Date of Last Physical	Class	All Aircraft					Model Insured	
												Total	Retract Gear	Covn. Gear	Multi-Engine	Last 12 mons	Total	Last 90 Days
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
		Pilot No. 1			Pilot No. 2			Pilot No. 3			Pilot No. 4			Pilot No. 5				
FAA Certificate No.																		
Date of last biennial flight review:																		
Details of other proficiency training:																		

EXPLAIN CIRCUMSTANCES IF:

- Any Pilots named above have any: (a) physical impairments, (b) waivers, limitations, or conditions in your medical certificate or on your pilot certificate
- An FAA, Military or other pilot certificate held by you any pilot named above has ever been suspended or revoked
- Any pilot above has ever been cited for violation of any aviation regulations in any country
- Any pilot above has ever been involved in any aircraft accident
- Any pilot above has ever been convicted of or pleaded guilty to a felony or driving while intoxicated

Applicant is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Owner subject to mortgage or conditional sales contract <input type="checkbox"/> Lessee <input type="checkbox"/> Other-Explain	
If aircraft is encumbered, name and address if lienholder or lessor	
Amount of encumbrance (excluding interest and finance charges) Kshs	Will breach of Warranty Coverage be required by lienholder?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
AOPA Number:	EAA Number:
Name of last aviation insurance carrier (if none so state)	
To the Applicant's knowledge no damage has been sustained to, nor claims by other have arisen out of the operation of nay aircraft owned by or in the custody of the Applicant except:	

Has any insurance company or underwriter at any time declined an application submitted by or cancelled or refuse to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain circumstances:
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Payment Details

Payment Type (Please Tick)

Cash: (Please pay directly to the INSURANCE COMPANY)

Cheque: Cheque No Bank:.....

Premium Finance: (State the financing company).....

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH THE INSURANCE COMPANY

- Please note that all premium cheques must be written in favour of THE INSURANCE COMPANY. CASH must be paid direct to the insurer and appropriate receipt obtained.
- Insurance cover will commence only after payment has been received by insurer. If any cheques are dishonoured cover will be deemed to have been inoperative with effect from inception

Declaration

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

Date _____ Applicant's Signature(s) _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.