

# Aviation Hull Deductible Insurance

## **Private**

In arranging your insurance both we and the Insurers will ask a number of questions which you are required to answer. It is your duty to take reasonable care to answer all the questions accurately and honestly, to the best of your knowledge, and to provide full answers and relevant details. Before completing this risk questionnaire, please read the section entitled "Your duty in relation to the questions asked"

ABOUT YOU									
NAME									
ADDRESS									
POSTCODE				E					
MOBILE				EMAIL					
YOUR AIRCRAFT									
Aircraft make and model	Registration and year of manufacture		Aircraft value (state currency)			Current deductible (please state currency amount or % of aircraft value)			
PILOT INFORMATION (Please pro	ovide details fo	r all pilots who wil	I fly the aird	raft)					
1.120 mm 6 mm m 10 m (n 16466 pm	Total flying ho					or Total hours on	Total hours		
Name	Date of birth								
Name	Date of birth	Fixed wing	Rotor wing	wing piston hours	wing turbi hours	ine type to be insured	in the last 12 months		
Name	Date of birth	Fixed wing	Rotor wing	• .	_	**			
Name	Date of birth	Fixed wing	Rotor wing	• .	_	**			
Name	Date of birth	Fixed wing	Rotor wing	• .	_	**			
Name	Date of birth	Fixed wing	Rotor wing	• .	_	**			
Name	Date of birth	Fixed wing	Rotor wing	• .	_	**			
	Date of birth	Fixed wing	Rotor wing	• .	_	**			
POLICY INCEPTION DATE			Rotor wing	• .	_	**			
			Rotor wing	• .	_	**			

USES (Please describe exactly what the aircraft will be used for)								
Private	O Yes	O No	Continuation Training/ Type Conversion	O Yes	O No	Commercial Passenger Carriage	O Yes	O No
Rental (any pilot)	Yes	O No	Ab Initio Instruction	Yes	O No	Club	Yes	O No
Firefighting	Yes	O No	Sling (of any type)	Yes	O No	Please list any other uses not sta	ted:	
Aerial Photography	• Yes	O No	Powerline Survey/ Pipeline Patrol	O Yes	O No			



HULL DEDUCTIBLE LIMIT REQUIRED (Please indicate what deductible level you require)	YES	NO
Minimum (€1,200 or currency equivalent)	0	0
If no, please state what amount you require:		
	YES	NO
Details of any losses/claims within the last five years of the insured or any pilot insured to fly the above aircraft: Please advise: aircraft value, total amount paid (split between damage to aircraft and liability):	date of loss, r	registration,
Has the insured ever had any aviation insurance declined, cancelled or had any special terms imposed?	0	0
If yes, please provide details:		
Your insurance quotation is based on the information you have given us. If any of the information you have provide	ed above cha	anges either
prior to inception or during the policy period you must notify us immediately. Updating and/or changing informati	on will not a	utomatically
result in a change to your policy cover or the cost of insurance, but failure to notify us may invalidate your policy.		
SIGNED DATE		
NAME		

#### Your Duty in Relation to the Questions Asked

You must take reasonable care to provide complete and accurate answers to the questions we ask. Please read any assumptions carefully and confirm if they apply to your circumstances.

Please tell us within 14 days of you becoming aware if the information provided by you changes after you purchase your policy and during the period of your policy. If you do not provide us with complete and accurate information which is subsequently disclosed, or comes to light after the commencement date of the insurance, your insurer may consider that you have misrepresented your risk and could either revise the premium and/or change any excess, or the extent of cover may be affected, cancel your policy or refuse to pay claims or both.

#### Your Data Matters

Arthur J. Gallagher (UK) Limited is the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations.

This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies. We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

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If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

### Connect With Us

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