

Aircraft 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 of Fair Presentation” on the last page of this document.

ABOUT YOU	
NAME	
ADDRESS	
POSTCODE	TELEPHONE
MOBILE	EMAIL

YOUR AIRCRAFT					
Aircraft make and model (including if fixed gear or retractable)	Registration and year of manufacture	Agreed value (please state currency)	Maximum takeoff weight	Maximum number of passenger seats	Estimated utilisation (hours per annum per aircraft)

PILOT INFORMATION (Please provide details for all pilots who will fly the aircraft)							
Name	Date of birth (dd/mm/yy)	Total flying hours	Total fixed wing piston flying hours	Total hours on similar type of aircraft i.e. tailwheel/tricycle etc.	Total flying hours on model of aircraft to be insured	Total hours in the last 12 months	Licences/ratings/endorsements and date(s) obtained

Please advise the name of the pilot with the lowest aerobatic hours (if applicable):

Please state the total aerobatic hours for this pilot:

USES (Please describe exactly what the aircraft will be used for)		
Private	<input type="radio"/> Yes <input type="radio"/> No	Continuation training of Named Pilots <input type="radio"/> Yes <input type="radio"/> No
Rental (any pilot)	<input type="radio"/> Yes <input type="radio"/> No	Ab Initio Instruction <input type="radio"/> Yes <input type="radio"/> No
Rental (to named pilots)	<input type="radio"/> Yes <input type="radio"/> No	Air Displays <input type="radio"/> Yes <input type="radio"/> No
Aerobatics (Please advise if under 1,000Ft above ground level)	<input type="radio"/> Yes <input type="radio"/> No	Aerial Photography (Please advise if under 1,500Ft above ground level) <input type="radio"/> Yes <input type="radio"/> No
		Commercial passenger carriage <input type="radio"/> Yes <input type="radio"/> No
		Club <input type="radio"/> Yes <input type="radio"/> No
		Competitions <input type="radio"/> Yes <input type="radio"/> No
Please list any other uses not stated:		

GEOGRAPHICAL LIMITS (Please describe exactly where you intend to fly the aircraft):

AIRCRAFT LIABILITY	YES	NO
Do you require a limit of liability greater than the limits set out in EC785/2004?	<input type="radio"/>	<input type="radio"/>
If yes, please state limit of liability required: €		

IMPORTANT ADDITIONAL INFORMATION ABOUT THE AIRCRAFT	YES	NO
Where is/are the aircraft based?		
Is/are the aircraft hangared?	<input type="radio"/>	<input type="radio"/>
Is/are there any finance on the aircraft:	<input type="radio"/>	<input type="radio"/>
If yes, please provide the name of the Finance Company for each aircraft:		
Details of any losses/claims within the last five years of the Insured or any pilot insured to fly the above aircraft: Please advise: date of loss, registration, aircraft value, total amount paid (split between damage to aircraft and liability):		
Has the Insured ever had any aviation insurance declined, cancelled or had any special terms imposed?	<input type="radio"/>	<input type="radio"/>
If yes, please provide details:		
Existing Insurers:		
Current renewal date (dd/mm/yy):		

Your insurance quotation is based on the information you have given us. If any of the information you have provided above changes either prior to inception or during the policy period you must notify us immediately. Updating and/or changing information will not automatically result in a change to your policy cover or the cost of insurance, but failure to notify us may invalidate your policy.

SIGNED	DATE (DD/MM/YY)
NAME	

Your duty of Fair Presentation

We have set out below the applicable duty of disclosure that you have as regards insurers, where your policy is governed by the laws of England, Wales, Scotland and Northern Ireland. **Where your policy is governed by a different law, your duty of disclosure may be different and we will discuss the requirements with you.** You must 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. You should be aware that if the information provided by you is not complete and accurate, we may cancel your policy and refuse to pay any claim, or not pay any claim in full, or revise the premium and/or excess, or revise the extent of cover or terms of this insurance. We recommend that you keep a record (including copies of letters) of all the information you provide to us for your future reference.

Your Data Matters

We are the data controller of any personal information you provide to us. We collect and process information in order to provide insurance policies and to process claims. Personal data is also used for business purposes such as fraud prevention, detection, financial management, to generate risk modeling, conduct analytics including to advise, improve and develop our products and services and to comply with regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as 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 monitor and improve the service we provide as well as for regulatory purposes. Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, and on your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at: <https://Nordic.se/privacy-notice>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes. 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 consent, where required, tell them that 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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Gallagher is a trading name of Nordic Försäkring & Riskhantering AB which is authorised by the Swedish Financial Supervisory Authority. Incorporated in Sweden under company number 556418-5014 with registered address at Mölndalsvägen 22, 412 63 Göteborg, Sweden. Deemed authorised and regulated by the UK Financial Conduct Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website. UK branch registered in England and Wales under branch number BR021003, with registered address at The Walbrook Building, 25 Walbrook, London EC4N 8AW. Exp. 07.09.2023.