

TRAFFORDS AVIATION PROPOSAL FORM

Underwritten at
LLOYD'S

You must give true and full answers to all questions to ensure that your policy provides you with adequate cover.
If you do not do so then your insurance may not protect you in the event of a claim.

PROPOSER

W

Title	Surname	First Name(s)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Group (if any)		<input style="width: 100%;" type="text"/>
Address (for correspondence)		<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>		
Telephone	Home	Work
		Mobile
		Fax
E-Mail address		
<input style="width: 100%;" type="text"/>		

AIRCRAFT DETAILS & SUMS INSURED

Aircraft Type <i>(Make and Model)</i>	Registration Mark	Year Built	Number of <i>Passenger Seats</i>	Undercarriage configuration
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Section 1	Aircraft including standard instruments and equipment.	£	Trailer (if applicable) £	
Sections 2 & 3	Legal Liability to Third Parties and Passengers.	<input type="checkbox"/> I require the minimum amount based on the Max Take off Mass selected below <input type="checkbox"/> Under 499kg <input type="checkbox"/> 1,000 – 2,699kg <input type="checkbox"/> 500 – 999kg <input type="checkbox"/> Other – Please specify: <input type="checkbox"/> I require limit higher than the minimum. Limit required: £		

The standard policy automatically includes: (a) Crown Indemnity (MOD) (b) German & Danish Compulsory Liability Limits (c) Motor Vehicle Airside Liability cover

COVER REQUIREMENTS

Please give full details of the purposes for which the aircraft will be used, e.g Private Pleasure, Private Business, Flying Club Instruction, Hire, Charter, Air-Taxi, Agricultural, Glider Towing, Parachute Dropping, Aerobatics, Racing.

Full details of airfield or location where the aircraft will be kept

Is the aircraft kept in a hangar? Yes No
(if no then please give full details)

Will the Aircraft be used solely in the U.K &/or Europe?
 Yes No

Have any of the pilots or the Proposer ever been convicted of arson or any offence involving dishonesty e.g. fraud or theft ? Yes No

Have any of the pilots or the Proposer ever been reported to the CAA (or any other authority) for any accident or incident while in charge of an aircraft or prosecuted for any flying related offence ? Yes No

Have there been any incidents involving accidental damage to, or theft of, any aircraft (or part thereof) during the last five years whilst under the command of any pilot detailed herein or whilst owned or operated by the Proposer? *(If yes please give full details below)* Yes No

(Please give date, description of loss, amount of loss, and name of insurer &/or broker, plus name of pilot or Proposer to which this relates)

PILOT DETAILS (including the Proposer)

Full Name	Date of birth	Type of Licence	Total Logged Hours	Logged Single engine fixed wing total time	Hours Logged on the make & model of aircraft to be insured	Logged Hours tailwheel / tricycle (please delete as appropriate)	Hours flown in last 12 months

Do any of the required pilots have any medical conditions that should be declared to an insurer (medical conditions are material facts)? Yes (please specify in other material information box below) No medical conditions to declare
 (Please note that NPPL holders should declare any medical conditions that would preclude the issue of a Class 2 JAR medical)

Please state the number of hours you expect the aircraft to fly in the next 12 months.
Underwriters use the above figure in their calculations together with an allowance for reduced use during periods of inclement weather and for maintenance work

Name of Previous insurers and brokers (if any) Date of expiry of previous policy Last year's Premium

Number of years with same broker. Please state date from which cover is required **No cover is in force until agreed by us in writing.**

DECLARATION

You must read this before signing below. To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts (a material fact is one likely to influence acceptance or assessment of this proposal by Underwriters). If you are in any doubt whether a fact is material or not you should disclose it. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void this insurance. No insurer has declined to accept, cancelled, refused to continue only on special terms any insurance for me or any other person to whom this insurance will apply.

Other Material Information

I understand that signing this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statement made herein and the information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance.

Signature of the Proposer

Date

The information provided on this form, together with medical and any other information obtained from you or from other parties about you in connection with this insurance, will be used for the purposes of determining your application, the operation of insurance (which includes the process of underwriting, administration, claims management, rehabilitation and customer concerns handling) and fraud protection and detection. Information will be processed in the UK and may also be transferred outside the EEA for these purposes. Information may be shared for these purposes with group companies, insurers, third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of your personal data. By completing this form (irrespective of signing), you consent to the processing of any personal data about you, including sensitive personal data, the transfer of such personal data about you overseas for these purposes as set out in this notice by Traffords Ltd, Lloyd's Underwriters and any other data controllers to which the personal data are transferred or disclosed for these purposes. Your personal data will be processed fairly and securely in accordance with the Data Protection Act 1998. Your personal data will only be available to those who need to see it. For example, sensitive data, such as medical records will be used for the purposes of underwriting or claim management and rehabilitation only. You are entitled to a copy of all your personal data upon receipt of a written request to the following address: Traffords Ltd, 7 Doolittle Yard, Frogghall Road, Ampthill, Bedford MK45 2NW, United Kingdom. We may charge a small fee for this service. You may ask us to correct or remove information that you think is inaccurate.