

## AIRCRAFT RISK QUESTIONNAIRE

▪ **APPLICANT :**

**If you are a Company or Organisation :**

COMPANY NAME .....

Type of company / organisation: .....

Person in charge of insurance matters: .....

**If you are a private individual :**

FIRST NAME : ..... SURNAME

.....

Address: .....

City: ..... Country: .....

Telephone: ..... Email: .....

Occupation: ..... Date of birth : .....

Are you a Politically Exposed Person (PEP)?  YES  NO

Are you a PEP 's family member ?  YES  NO

**Should you belong to a FEDERATION or a GROUP dedicated to aviation interests, can you please provide us with its name :** .....

**OWNER** of the aircraft : .....

.....

**OPERATOR** of the aircraft : .....

.....

**TRUSTEE** involved in the aircraft (If N-registered) :  YES  NO

If YES, please give its name and full address : .....

**FINANCIAL INTERESTS/ ORGANISATIONS/ BANKS** involved in the aircraft:  YES  NO I

If YES, please give its name and full address and add any contractual clause (BOW...) that needs to be negotiated within the insurance policy: .....

▪ **AIRCRAFT TO BE INSURED :**

Year of built	Aircraft Make/Model		Registration	Seats	Market Hull Value to be insured	MTOW
.....	.....		.....	Pilot seats :... + Pax seats: ...	..... <input type="checkbox"/> EUR <input type="checkbox"/> CHF <input type="checkbox"/> USD	.....

Can the aircraft be flown in dual-command?  YES  NO

Are there any crew members to insure ?  YES  NO

If YES, how many : .....

Is the aircraft equipped with a flight recorder ?  YES . Name : .....  NO

Is the aircraft equipped with floaters ?  YES  NO

Maintenance Repair Overhaul organization in charge of the aircraft : .....

**AIRCRAFT CLASSIFICATION :**

EASA CofA  Restricted CofA . Please explain : .....  LSA

Microlight/ ecolight  FOCA Permit-to Fly  Other. Please explain.....



**Where is the aircraft usually based? .....**

Is it hangared?  YES  NO

Are you the hangar's owner?  YES  NO

Has the applicant waived any rights against the hangar's owner/operator ?  YES  O.  
If YES, please provide us with a copy of the agreement.

**Requested geographical limits :**

.....  
.....

▪ **INSURANCE RECORDS:**

Is the aircraft to be insured already covered by any insurance policy?  YES  NO.

If YES , what is the policy renewal date : .....

If YES, do you have a cancellation notice ?.....

Has one of your insurance contract already been terminated by insurers?  YES  NO

If yes, please specify the reasons (loss, unpaid premium...)?

▪ **PILOTS TO BE INSURED:**

You can either opt for a "NAMED PILOTS CLAUSE" with restriction to certain pilots that need to be priorly declared to insurers to fly the aircraft, or for an "OPEN-PILOT WARRANTY" that is more flexible.

**« NAMED PILOTS » CLAUSE :**

NAME AND SURNAME	DATE OF BIRTH	Qualifications	Total flight time* PISTON AIRCRAFT	Total flight time* JET AIRCRAFT	Total flight time* TURBOPROPS AIRCRAFT	Total flight time On Make & Model to be insured *
			Single-engine : ..... Multi- engine : .....	Single-engine : ..... Multi- engine : .....	Single-engine : ..... Multi- engine : .....	.....
			Single-engine : ..... Multi- engine : .....	Single-engine : ..... Multi- engine : .....	Single-engine : ..... Multi- engine : .....	.....
			Single-engine : ..... Multi- engine : .....	Single-engine : ..... Multi- engine : .....	Single-engine : ..... Multi- engine : .....	.....

\* total flight time as a Pilot-In-Command.

**« OPEN PILOT» CLAUSE:**

any qualified pilots totaling a minimum of ..... h total flight time including ..... h on .....

Any pilots and/or student-pilots.

**SHALL YOU OPT FOR THIS CLAUSE, PLEASE PROVIDE US WITH FULL DETAILS ABOUT THE CHIEF PILOT EXPERIENCE.**

▪ **USES:**

Can you please roughly split the aircraft annual flown hours. We will contact you if additional information is required.

<b>USES</b>		<b>Estimated Flight hours per year</b>	<b>Details</b>
Private and pleasure flights	<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Do you wish to include:</b> <input type="checkbox"/> continuation training, type rating and qualification flights, Advanced training <input type="checkbox"/> other: .....
Business flights for you own purposes.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Commercial carriage for passengers	<input type="checkbox"/> YES <input type="checkbox"/> NO		Please provide the name of the AOC's holder : .....
Commercial carriage for passengers	<input type="checkbox"/> YES <input type="checkbox"/> NO		Please provide the name of the AOC's holder : .....
Aerobatics	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> For private purposes <input type="checkbox"/> Attending competitions <input type="checkbox"/> Participating to airshows <input type="checkbox"/> Participating to air races
Medical evacuation	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Skydiving operations	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Glider towing	<input type="checkbox"/> YES <input type="checkbox"/> NO		
First flights with revenues ( out of any AOC)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Demos during airshows	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Non- commercially <input type="checkbox"/> Commercially <input type="checkbox"/> Number of events attended per year : .....
Take-off from and/or landing to Altiport, Altiport or glacier	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Altiport <input type="checkbox"/> Altiport <input type="checkbox"/> Glacier <input type="checkbox"/> Landing with ski
Flying school uses	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Operations as ATO <input type="checkbox"/> Operations as DTO Please describe the type of trainings performed: ..... <input type="checkbox"/> How many student-pilots instructed per year on the aircraft ( roughly ) : .....
Aerial flights	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Equipment fixed on the aircraft not easily releasable from the aircraft. <input type="checkbox"/> Passenger or crew member taking photographs or films with mobile equipments. <input type="checkbox"/> Low-level flights operated.
Other aerial works (spraying, slung, low-level flying, banners towing...)	<input type="checkbox"/> YES <input type="checkbox"/> NO		Please specify : ..... .....
Instruction flights excluding Ab Initio instruction	<input type="checkbox"/> YES <input type="checkbox"/> NO		
All club uses	<input type="checkbox"/> YES <input type="checkbox"/> NO		Please, specify : * Date of the creation of the club: ..... * Number of members: ..... * Number of instructors: .....
Rental / Hire	<input type="checkbox"/> YES <input type="checkbox"/> NO		* For what uses?..... * tenants? ..... ..... *Have they had any accident during the 5 past years? <input type="checkbox"/> YES <input type="checkbox"/> NO Please attach copy of the rental convention.
Any other uses such as dropping parachutists, surveillances or any other aerial works...	<input type="checkbox"/> YES <input type="checkbox"/> NO		Please specify : ..... .....



**About the pilot(s) :**

FIRST NAME & SURNAME -	Date of birth	Qualification And validity of the PPL (A)	Total hours on fixed-wing aircraft as a PIC	Hours on type As PIC

**IMPORTANT:**

Have the applicant and/or the pilots had any aviation related losses/incidents (claims) in the past 5 years ?  
 YES  NO

**Claims History for Insured and all pilots for last 5 years:** Please specify date, type of loss/incident, circumstances and cost of the loss (use a separate sheet if necessary):

**About the coverages:**

Please tick the requested coverages:

Minimum legal requirement:

1/ **LEGAL LIABILITY** in accordance with EC Regulation 785/2004:  
 (Including THIRD PARTY & LEGAL LIABILITY TO PASSENGERS)  YES  NO

Additional coverages :

2/ **HULL** (Loss of or damage to the aircraft):  YES  NO  
 If yes, you shall specify the value to insure on page 1.  
 Do you wish to buy War risks and allied perils extension?  YES  NO  
 (Including malicious act, sabotage...)

3/ **PERSONAL ACCIDENT**  YES  NO  
 (Bodily injuries sustained by the named pilot OR the pilot at the moment of the accident):

Do you intend to cover ?

Any pilot at the moment of the accident (DEATH OR DISABLEMENT) Capital Sum Insured:..... €  
 Named Pilot -1 pilot only (DEATH OR DISABLEMENT) Capital Sum Insured: ..... €

**Requested inception date :** ..... / ..... / 20.....

**The undersigned declares that the above information is exact and accepts that it shall be used as the basis of the policy quote. Any reserve or intentionally false declaration, any omission or inaccurate declaration implies , depending on the case, sanctions stated in articles L 113-8 (nullity of the contract) and L 113-9 (reduction of the allowances) of French Code of Insurance.**

**Date :**

**Signature :**

**This questionnaire is to be returned filled in and signed:**

By e-mail to : [contact@i-c.solutions](mailto:contact@i-c.solutions)

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