



BESSO LIMITED

Fixed Wing Insurance Proposal Form

**Please complete this form in block capitals.
Please note that an answer should be given to every question.**

Personal Details

Name of Proposer

Name of Insured (if different)

Address

Post Code

Telephone Number

Date from which cover is required

Details of Aircraft to be Insured

Airframe/Engine

Make, Type and Model Number	Year of Construction	Licensed Passenger Seating Capacity	Registration



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Details of Aircraft to be Insured (continued)

Value

Present Value of Aircraft (including Standard Instruments and Equipment)	Details of any Additional Equipment and Accessories to be included within the total declared value		Total Declared Value for the purpose of this Insurance
	Type	Value	

Coverage Required

a. Loss of or Damage to Aircraft

Flight and Ground Risks

Ground Risks only

b. A Combined Single Limit for Third Party and Passenger Legal Liability

Limit of Indemnity _____ any one accident

or alternatively

c. Legal Liability to Third Parties (other than Passengers)

Limit of Indemnity _____ any one accident

d. Legal Liability to Passengers

Limit of Indemnity any one Passenger _____ any one accident



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Pilots

Pilot's Name	Age	Valid Licences Held	Make & Model of Aircraft Flown and Date of last Flight	Where Pilot was Taught	Logged Fixed Wing Flying Hours P1	
					For Make and Model Proposed	For all Aircraft

Pilot's flying time in respect of specific types of flying should be detailed here eg. Aerial Photography:

**Loss Record All Types (including Rotor Wing) for the Insured and Pilots
(NB: See Warranties overleaf)**

Pilot's Name	Make and Model of Aircraft Involved	Nature and Causes of All Losses (if any) during the last Five (5) Years, whether or not an Insurance claim was made. Please give details of use at time of loss.

Geographical Limits:

Please state the Geographical Limits that you require:



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Your Uses

Please state the precise purposes for which the aircraft will be used. Mark those you require with an 'X'. These will be the uses incorporated in your Policy.

- | | |
|--|---|
| <input type="checkbox"/> Private Pleasure | <input type="checkbox"/> Emergency Medical Evacuation |
| <input type="checkbox"/> Business/Industrial | <input type="checkbox"/> Fire Fighting |
| <input type="checkbox"/> Ab Initio Instruction | <input type="checkbox"/> Aerial Survey Work |
| <input type="checkbox"/> Rental | <input type="checkbox"/> Power and Pipe Line Patrol |
| <input type="checkbox"/> Commercial Carriage of Passengers and Cargo | <input type="checkbox"/> Offshore Flying |
| <input type="checkbox"/> Ferry Flight* | <input type="checkbox"/> Fish Spotting |
| <input type="checkbox"/> Crop Spraying* | <input type="checkbox"/> T V Film Work* |
| <input type="checkbox"/> Top Dressing | <input type="checkbox"/> Aerial Photography |
| <input type="checkbox"/> Fire Lighting | <input type="checkbox"/> Advertising* |
| <input type="checkbox"/> Police Work | <input type="checkbox"/> Air Displays/Air Shows* |
| <input type="checkbox"/> Search and Rescue | |

* If yes, please give full details below

Please state here any other purposes for which you will use the Aircraft and also use this space to give any specific information relating to your uses which will be of help in the assessment of risk.

What is the approximate annual usage of the subject aircraft?



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Warranties (to be signed by the Proposer on behalf of the Insured person(s) or company)

I warrant that the aforementioned Aircraft is the property of the Insured named hereon, the statements and particulars given are correct and no material information has been withheld or suppressed. Furthermore, I warrant that the following statements are true:

1. There have been no 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 named hereon or whilst owned and/or operated by any Insured named hereon, other than those stated in the Loss Record section of this proposal.
2. There have been no prosecutions brought by the Civil Aviation Authority (or equivalent) in respect of any pilot hereon.

Declaration

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.

The completion of this Proposal form in no way binds the Proposer to complete an insurance, but the answers given herein will form the basis of any insurance contract entered into with Insurers. Insurers reserve to themselves the right to decline any Proposal without assigning a reason.

Signed

Dated