

PROPOSAL FORM

1. Proposer's name in full: _____

2. Proposer's address: _____

3. Proposer's business: _____
 or occupation _____
4. Details of aircraft to be insured:

| Air Frame | | | | | Engines | | |
|-------------------------|----------------------|----------------------------|--|------------------------------------|--|-----------------|--|
| Make, Type & Series No. | Year of construction | Passenger Seating Capacity | | Registration/ Identification Marks | Number & Date of issue of last renewal | Number and Type | Maximum All Up weight of aircraft in kgs |
| | | Licensed | Declared for the purpose of this insurance | | | | |
| | | | | | | | |

5. Value of the aircraft:

| Year of purchase | Price Paid ₹ | Present value of the aircraft with standard instruments and equipment (₹) | Extra equipment and accessories fitted to or carried in the aircraft | | Total value of the aircraft for the purchase of insurance |
|------------------|--------------|---|--|-------|---|
| | | | Details | Value | |
| | | | | | |

6. Purpose for which the aircraft will be used: _____

7. Geographical limits for which mover is required: _____

8. Will aircraft be flown at night? Yes No

9. By whom will the maintenance and running repairs be carried out _____

10. (a) Where will the aircraft usually be kept? _____
 (b) Is the aircraft normally kept in a hanger? Yes No
 (c) If so, state type of construction of the hanger _____

11. Will the aircraft be taxied by persons other than licensed pilots or competent licensed engineers? Yes No

12. Have you entered into any agreement with any party whereby liability is assumed or denied in respect of the operations of the aircraft?

 If so, give details _____

13. Has any insurance company at any time,
 (a) Declined your insurance proposal? Yes No
 (b) Cancelled or refused to renew your policy? Yes No
 (c) Required an increased premium or imposed any special condition? Yes No
 If answer to (a) or (b) or (c) is "Yes" Please give details,

14. Please state details of all accidents/losses during last 5 years.

| Date of Accident | Brief details of accident | Cost of estimate of repairs to Aircraft (₹) | Amount of liability claims incurred (₹) | |
|------------------|---------------------------|---|---|-----------|
| | | | Third Party | Passenger |
| | | | | |

15. Give details of pilot who will fly the aircraft:

| | Pilot | Pilot | Pilot |
|------------------------------|-------|-------|-------|
| Name | | | |
| Age | | | |
| Types of aircraft flown | | | |
| Flying experience (in hours) | | | |
| Total Day | | | |
| Total Night: | | | |

AVIATION INSURANCE - HULL WAR RISK POLICY

UIN: IRDAN108CP0007V01201819



WITH YOU ALWAYS

| | Pilot | Pilot | Pilot |
|---|-------|-------|-------|
| During last 3 months | | | |
| On type & make of aircraft proposed for insurance | | | |
| Current License | | | |
| Date of expiry | | | |
| Classification | | | |
| Details of accidents, if any, during last three years | | | |

16. Details of insurance required:

(A) SECTION 1 - LOSS OR DAMAGE TO THE AIRCRAFT

Whether cover required:

If so, risks to be covered:

(State "Flight", Taxying" "Ground" "Moored" as the case may be)

(B) SECTION II - THIRD PARTY LIABILITY

Whether cover required:

If so, Limit of Indemnity (any one accident):

(C) SECTION III PASSENGER LIABILITY

Whether cover required:

Limit of liability per passenger:

Whether cover required on "Legal Liability" basis or "Admitted Liability"

(voluntary settlement) basis:

Baggage Liability

Whether cover required:

Limit of Indemnity per passenger:

17. (a) Do you require Hull War Risks cover? Yes No

(b) If full Hull War Risks cover is not required, do you require limited coverage for Malicious Damage/Strikes, Riots & Civil Commotion/ Sabotage/Hi-jacking? Yes No

18. PERIOD OF INSURANCE From _____ To _____

AML declaration

- I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- I/we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

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DECLARATION

I/We warrant that the abovementioned aircraft is/are my/our property, and the statements and particulars given are true and that no material information has been withheld or suppressed, and I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurance Company and to accept a policy subject to terms, conditions and exclusions prescribed therein.

Date: _____

Place: _____

Signature of the Proposer

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