

Questionnaire for aircraft insurance

1 Applicant

Policyholder _____

Street, No. _____ P.O. Box _____

ZIP, City _____

Telephone number _____ e-mail address _____

Operator (if not identical) _____

Did you have already an insurance policy with AIG / Chartis? no yes, policy no. _____

Document language German French English

2 Aircraft informations

Registration _____

Kind of aircraft Piston engine aircraft Turboprop Jet Helicopter Balloon
 Glider Motor glider Eco light Ultra light

Aircraft manufacturer / -type _____

Year of manufacture _____ Take-off mass (MTOM) _____ kg

Number of crew members _____ Number of passengers _____

Number of engines _____ Aircraft home-base _____

Funding (Leasing)? yes no Financial institution _____

In Hangar? yes no Tailwheel? yes no

In shelter? yes no _____

3 Special risks

General special risks (all aircrafts)

Acrobatic no h / per year

Experimental aircraft

Glacier landings no landings / per year

Basic training no h / per year

Member of Antique Airplane Association (www.a-a-a.ch)

Member of CAMO (just for Balloons)
 → Contracting party _____

Water landings

Others _____

Additional risks for Turboprops, Helicopters and Jets

External loads no h / per year

Skydiving operations no h / per year

Photo-, movie- or survey flights no h / per year

Avalanche blasting no h / per year

Logging (timber transport) no h / per year

SAR search and rescue flights no h / per year

Type Rating no h / per year

Leasing / Charter no h / per year

4 Beginning

Required beginning of insurance coverage (DD/MM/YYYY)

5 Use

- Private / Business Non commercial
 Club Commercial

6 Pilot qualifications

Engine aircrafts and Helicopter (*without Glider / Motor glider / Balloons*) **Flight hours total** **on type**

Any pilot with **PPL** (as well as any Pilot with **CPL** or **IR** or **ATPL** or **FI**) h h

Any pilot with **CPL** or **IR** or **ATPL** or **FI** h h

Designated pilots by name **License** **Flight hours total** **on type**

Name of pilot 1 h h

Name of pilot 2 h h

Name of pilot 3 h h

Name of pilot 4 h h

Name of pilot 5 h h

- The aircraft is always flown by two pilots (Multi Crew)
 MCC (Multi Crew Co-operation) formation existent
 CRM (Crew Resource Management) formation existent

7 Loss (to the aircraft respectively caused by the pilot)

Losses in the course of the five years

Date	Incident	Pilot	Loss amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8 Liability insurance

- Third party legal liability Insurance sum CHF _____
- Combined Single Limit (combined third party legal liability and passenger liability insurance) Insurance sum CHF _____
- inclusion war risk

9 Hull insurance

- Hull all risk insurance Insurance sum CHF _____
- Hull ground risk insurance Insurance sum CHF _____
- Desired franchise per incident CHF _____
- inclusion war risk
- inclusion Breach of warranty (Leasing)

10 Occupants accident insurance

	per crew member	per passenger
Death benefit	CHF _____	CHF _____
Disability compensation	CHF _____	CHF _____
Daily allowance from _____ day	CHF _____	CHF _____
Hospital daily allowance	CHF _____	CHF _____
Medical expenses unlimited within 5 years	insured <input type="checkbox"/> yes <input type="checkbox"/> no	insured <input type="checkbox"/> yes <input type="checkbox"/> no

11 Additional insurance coverage

[Empty text box for additional insurance coverage]

12 Notes

[Empty text box for notes]

The applicant authorizes crewsolution and partners to request for relevant information from authorities and third parties in order to make a risk assessment, especially from the previous insurer concerning the hitherto claims experience. With the signature it is confirmed, that the preceding information is complete and truthful and that crewsolution and partners will immediately be advised of alterations which may occur before the conclusion of the contract. There is although no obligation to conclude the contract.

City, Date

[Empty text box for City, Date]

Signature of representative

[Empty text box for Signature of representative]

Signature of applicant

[Empty text box for Signature of applicant]

Questionnaire send to: Crewsolution Ltd.