

## Questionnaire for Aviation Insurance Quotations

### 1 Insured

			Internal Notes
Last name, first name			
Street and house number:			
Postcode, City :	Phone:	Fax:	
The Insured is: <input type="checkbox"/> Holder of the aircraft <input type="checkbox"/> Owner of the aircraft			
The Insured is a member of: <input type="checkbox"/> DAeC <input type="checkbox"/> DFSV <input type="checkbox"/> other Airsport Association:			
The Insured has been claims-free for _____ years.			

### 2 General Information about the Aircraft

Registration number:	Serial number:	Year of manufacture:	
Manufacturer:	MTOM:	No. Pilot/Passenger seats	
Make and model:	Aircraft has been claims-free for _____ years.		
Is the aircraft hangared? <input type="checkbox"/> yes <input type="checkbox"/> no	Where is the aircraft located?		

### 3 Use of Aircraft

Uses:	<input type="checkbox"/> Flying Club <input type="checkbox"/> Private <input type="checkbox"/> Business	
	<input type="checkbox"/> Private pleasure <input type="checkbox"/> Commercial passenger and freight carriage	
	<input type="checkbox"/> Ab-initio instruction <input type="checkbox"/> Aero-towing	
	<input type="checkbox"/> Other uses: _____	
Used by	<input type="checkbox"/> Named pilot (please fill in point 7 Pilot's qualification)	
	<input type="checkbox"/> Non-named pilot (open pilot clause)	

### 4 Liability Insurance

<input type="checkbox"/> Combined Single Limit Cover	
<input type="checkbox"/> Third Party Legal Liability Insurance	
<input type="checkbox"/> Passenger Liability Insurance	

### 5 Personal Accident Insurance

#### Sum Insured per seat

	Death	Permanent disability	
Pilot:	EUR	EUR	
Passenger:	EUR	EUR	
Instructor:	EUR	EUR	
Student pilot:	EUR	EUR	

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**6 Hull Insurance**

		Internal Notes
Sum Insured:	EUR..... incl. special instruments? <input type="checkbox"/> yes <input type="checkbox"/> no	
Engine time in hours:	TSO: .....TSN:.....TBO:.....	
Ultralight aircraft only:	Is the engine certified by LBA? <input type="checkbox"/> yes <input type="checkbox"/> no Does the engine have an overload clutch? <input type="checkbox"/> yes <input type="checkbox"/> no	
Special instruments:	Type: ..... Value: ..... EUR	
Special equipment:	<input type="checkbox"/> yes <input type="checkbox"/> no Type: ..... Value: ..... EUR	
Breach of warranty certificate required?	<input type="checkbox"/> no <input type="checkbox"/> yes, with credit sum of ..... EUR	
Gross negligence to be included in breach of warranty certificate?	<input type="checkbox"/> no <input type="checkbox"/> yes	
Agreed Value Insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Deductible:	<input type="checkbox"/> 1 % of Sum Insured <input type="checkbox"/> 2 % of Sum Insured <input type="checkbox"/> 5 % of Sum Insured <input type="checkbox"/> EUR:	

**7 Pilot's qualification**

Pilot's fist and last name	Ratings/ licences:	Hours:			Number of starts and landings per year	Claims-free since
		Total	Per year	Aircraft type		
1.						
2.						
3.						
4.						
5.						

**8 Additional information**

<b>Claims in last 5 years (Insured, pilots, aircraft):</b>	How many losses?	
	When?	
	Amounts of claims payments?	
	Circumstances? (Please add attachment)	
<b>Current insurer:</b>	Liability: .....	Expiry: .....
	Hull: .....	.....
	Personal Accident.....	.....

I confirm that I am aware that any contract concluded hereafter will be subject to the information stated above.

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Enquiry to:

Bethke Luftfahrtversicherung  
Anke Bethke  
Am Wiehen 24  
D- 32609 Hüllhorst  
Phone +49 5744-920852  
Fax +49 5744-920854  
mail@allianz-bethke.de

Sent quotation to the following address:

Date:

Applicant's signature:

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