

Questionnaire Aviation Insurance

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Your address

Surname, name/ company			
Street			Street N°
Postcode	City		Country
Phone		Fax	
Mobile		E-Mail	
Are you a member of an aviation association?			

Previous Insurance

Did you have an aviation insurance before? <input type="checkbox"/> Yes <input type="checkbox"/> No	With which company?	Policy N°?
Number of pilot's claims within last 5 years?	Cause and amount of loss	
Number of aircraft's claims within last 5 years?	Cause and amount of loss	

Aircraft

<input type="checkbox"/> Single-/Multi-Engine <input type="checkbox"/> Ultra light <input type="checkbox"/> Motor Glider <input type="checkbox"/> Helicopter <input type="checkbox"/> Glider		Type of aircraft		
		Aircraft operator		
		Operational Area <input type="checkbox"/> Europe <input type="checkbox"/> Worldwide without USA/Canada		
Number of seats pilot(s)	Number of seats passenger(s)	Serial N°	Year built	MTOM in kg
Registration		Home base/ICAO-Code		
<input type="checkbox"/> Single engine <input type="checkbox"/> Turbine <input type="checkbox"/> Twin engine <input type="checkbox"/> _____		Type of engine(s)	Serial N° engine(s)	
		Year built engine(s)	Engine(s) performance	
Insured purposes of use <input type="checkbox"/> Travel-, Sports-, Business flights <input type="checkbox"/> Commercial passenger-, cargo flights <input type="checkbox"/> Flight training _____ <input type="checkbox"/> Aerotow (e.g. banners or gliders)		Number of insured pilots <input type="checkbox"/> 1 named pilot <input type="checkbox"/> up to 4 named pilots <input type="checkbox"/> up to 2 named pilots <input type="checkbox"/> up to 5 named pilots <input type="checkbox"/> up to 3 named pilots <input type="checkbox"/> Multiple Pilots		

Pilot(s)

Surname, name	Age	Licences, Ratings, Trainings etc.	Year of issue	Flying experience TT	Experience on type	Estimated flying hours p. a.

Parking of aircraft <input type="checkbox"/> Outdoor <input type="checkbox"/> Demounted in trailer <input type="checkbox"/> Hangar	Propeller <input type="checkbox"/> Electric pitch propeller <input type="checkbox"/> Hydraulic pitch propeller (constant speed) <input type="checkbox"/> Fixed pitch propeller	GPS / Movingmap / MFD <input type="checkbox"/> No GPS <input type="checkbox"/> Portable GPS <input type="checkbox"/> GPS, Movingmap <u>or</u> Multifunction Display
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Last check flight with FI or checker <input type="checkbox"/> More than 24 months ago <input type="checkbox"/> Between 13 and 24 months ago <input type="checkbox"/> Between 6 and 12 months ago	Autopilot <input type="checkbox"/> No autopilot <input type="checkbox"/> Autopilot one axis <input type="checkbox"/> Autopilot multi axis	Stallwarning <input type="checkbox"/> No stall warning <input type="checkbox"/> Audible or visual stall warning <input type="checkbox"/> Both, audible <u>and</u> visual stall warning
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For VFR only

DME / VOR / ADF <input type="checkbox"/> No DME, VOR or ADF <input type="checkbox"/> Equipped with VOR or ADF <input type="checkbox"/> Equipped with DME and VOR or ADF	Transponder <input type="checkbox"/> No Transponder <input type="checkbox"/> Equipped with transponder	Safety clutch <input type="checkbox"/> No safety clutch installed <input type="checkbox"/> Safety clutch installed
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For IFR only

Stormscope/ Weather Radar <input type="checkbox"/> No Stormscope/Weather radar <input type="checkbox"/> Stormscope/Weather radar installed	Anti-/ Deicing <input type="checkbox"/> No Anti-/Deicing <input type="checkbox"/> Equipped with Anti-Icing or Deicing	Pressurized cabin <input type="checkbox"/> No pressurized cabin <input type="checkbox"/> Equipped with pressurized cabin/oxygen
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For Gliders only

Logger <input type="checkbox"/> No logger <input type="checkbox"/> Equipped with logger	Oxygen <input type="checkbox"/> No oxygen <input type="checkbox"/> Portable oxygen system <input type="checkbox"/> Oxygen system installed	Tow release <input type="checkbox"/> For aerotow <input type="checkbox"/> For winch towing	Radio <input type="checkbox"/> No radio <input type="checkbox"/> Equipped with radio	Flarm <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Helicopters only

Low rotor rpm warning <input type="checkbox"/> No warning <input type="checkbox"/> Acoustic or visual warning <input type="checkbox"/> Both, acoustic and visual warning	Engine control <input type="checkbox"/> Hand operated <input type="checkbox"/> Equipped with governor <input type="checkbox"/> Turbine/FCU	Purpose of use <input type="checkbox"/> Aerial dusting, external loads <input type="checkbox"/> Commercial film or photo flights <input type="checkbox"/> No flights of this kind
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Risk index

Maintenance of aircraft <input type="checkbox"/> Private maintenance <input type="checkbox"/> Maintenance by licensed staff <input type="checkbox"/> Maintenance by aeronautical maintenance company	Aircraft hours of operation <input type="checkbox"/> More than 100 p. a. <input type="checkbox"/> Between 30 and 100 <input type="checkbox"/> Less than 30	Type of use <input type="checkbox"/> Charter <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> FTO <input type="checkbox"/> Flight organisation	Aerotow, Aerobatics, Skydive flights <input type="checkbox"/> Aerotow and/or skydive flights <input type="checkbox"/> Aerobatics <input type="checkbox"/> No flights of this kind
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Additional features of aircraft

Anti-Collision-System <input type="checkbox"/> No anti collision system <input type="checkbox"/> Equipped with anti collision system Manufacturer: _____	Landing gear <input type="checkbox"/> Retractable <input type="checkbox"/> Tail dragger	Free for own remarks
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Insurance

Hull insurance sum (Replacement value)	Preferred deductible
<input type="checkbox"/> Third party liability <input type="checkbox"/> Passenger third party liability <input type="checkbox"/> CSL Coverage <input type="checkbox"/> Flight only accident insurance	
How do you know about us?	

Signature

Place, date	Signature
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