Industrial and General Insurance Plc

Plot 741, Adeola Hopewell Street, V/Island, Lagos.
P.M.B. 80181, Victoria Island, Lagos.
Tel: +234-1- 6215010-4, Fax: +234-1-2621146
Website: www.iginigeria.com, E-mail: info@iginigeria.com

AIRCRAFT INSURANCE PROPOSAL FORM (INDIVIDUAL)

IMPORTANT: Kindly complete this form carefully and fully, failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer: _____ _____ _____
Surname *Firstname* *Middlename*

Please specify Title Mr ☐ Mrs ☐ Miss ☐ Others _____ Sex: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Date of Birth _____ (dd/mm/yyyy)

Occupation _____ Are you self employed? Yes ☐ No ☐

Resident Address: Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Postal Address: (if different from above) Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Telephone Nos. Home _____ Office _____

Mobile / GSM _____ Fax _____

Email _____ Website _____

Wedding Anniversary Date (if applicable) _____

Insurance Required (Dates) From _____ To _____

NEXT OF KIN / EMERGENCY CONTACT

Name _____ Relationship _____

Contact Address: Line 1 _____ Telephone _____
Line 2 _____
Line 3 _____ Town _____ State _____

USE OF AIRCRAFT

1.Please, state the uses to which the aircraft will be put (e.g tests, delivery of aircraft, passenger carrying, cargo carrying, private pleasure, business, executive travel, sales demonstration, air taxi, public exhibition advertising, club use, instruction, etc, specifying precise nature).

2. Is cover for night flying required? Yes ☐ No ☐

3. Will recognized and licensed airstrips and landing ground be used? Yes ☐ No ☐

If not, give details

MAINTANANCE

4. Is aircraft always hangared? Yes ☐ No ☐
If YES, state construction and location

5. What arrangement have you made for the maintenance of the aircraft?

6. (a) Give date of the last complete overhaul of the aircraft
(b) Give date of the last overhaul of engine

7. State the Geographical limits required.

PILOTS

8. Complete the table below:

Name of Pilot	Age	Types of aircraft Flown and date of Last flight	Flying Hours as pilot in command	LICENCE NUMBER Date and classification	Nature and cause of accident (if any in the last 3 years)
			Day Night		

INSURANCE HISTORY

	YES	NO
9. Has the proposer previously held an aircraft insurance policy	☐	☐
10. Has any company or underwriter at any time		
Declined your proposal?	☐	☐
Cancelled or refused to renew your policy?	☐	☐
Required an increase premium or revised terms?	☐	☐

If Yes to any question in 9 and 10, please give details:

11.Has the proposer been involved in any aircraft accident as owner or operator? ☐ ☐
If YES, Please, give details of any aviation or personal accident claims made:

PARTICULARS OF AIRCRAFT

Make, type & Serial No	Year of Construction	Date and No. of current license or C of A	Licensed Passenger seating capacity	Declare Pass seating capacity for insurance pur.	Identification makes	Engine(s) No	Engine(s) Type

Price paid for aircraft and date (including standard instruments and equipment)	**Present Value of aircraft**	Details of extra equipment Accessories (if any) with values	**Total declared value for insurance purpose**

DETAILS OF INSURANCE REQUIRD

12. SECTION 1 ACCIDENTAL HULL DAMAGES (Tick required cover)

(a) Flight Risks ☐ (b) Taxing Risks ☐ (c) Ground Risks ☐ (d) Motoring Risks(Waterboom) ☐

SECTION 2 THIRD PARTY LEGAL LIABILITY (Bodily Injury and Property Damage)

Limit of Indemnity _____ any one accident.

SECTION 3 LEGAL LIABILITY TO PASSENGERS

Limit of indemnity any one passenger _____

Limit of indemnity any one Accident _____
(i.e any one passenger limit times number of declared passenger seats)

13. ADDITIONAL INFORMATION

Are there any additional information likely to affect the proposed insurance which should be disclosed to the insurers? Yes ☐ No ☐

If YES,give details.

14. Give remarks or any special requirements below:

DECLARATION

I / We declare that to the best of my / our knowledge and believe, the information supplied in this proposal form is true and complete.
I / We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of Proposer _____ Date _____

Agent _____

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal

A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.
No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.