



Light Aircraft Insurance Quote Form

1. PROPOSER: Surname:		Forenames:	
Address:			
			Postcode:
Tel no. Home:		Business:	
Mobile no.		Email address:	

Are you a current member of LAA? YES NO
AOPA? YES NO

2. AIRCRAFT: Make & model:			
Registration no.		Year of manufacture:	
Hull value:		Manufactured/homebuilt <i>(delete as appropriate)</i>	Maximum take off weight:
No. of passenger seats (ex. Pilot):		Estimated annual utilisation:	
Airfield where based:			Hangared? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is aircraft aerobatic? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES do you require cover for displays or competitions? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you require cover to be extended to include road transportation risks? YES <input type="checkbox"/> NO <input type="checkbox"/>			

3. LIABILITY COVER (limit required please tick):

Third party indemnity limit required: £750,000 £1,000,000 £1,500,000 Other £

Including legal liability to passengers? YES NO

Do you require Crown indemnity? YES NO

4. USES

Is ab initio instruction required? YES NO

(If so, include pilot details under Question 5)

Does your aircraft have a Public Transport Category C of A? YES NO

Standard use provided is for private business and pleasure purposes only

(Excluding use for hire and reward)

Please advise details of wider use if needed:

continued overleaf



Light Aircraft Insurance Quote Form cont.

5. PILOTS

Table with 4 columns and 6 rows for Pilot 1 details: Name, Date of birth, Hours logged, Hours on insured aircraft, Hours tailwheel, Type of licence and ratings.*

Table with 4 columns and 6 rows for Pilot 2 details: Name, Date of birth, Hours logged, Hours on insured aircraft, Hours tailwheel, Type of licence and ratings.*

* If N PPL licence, please advise details if full PPL A not available due to medical condition.

6. CLAIMS

Have any of the above pilots been involved in any accidents, loss or damage, whether claimed or not, involving an aircraft during the past 5 years?

YES [] NO []

If YES, give date, description, amount of loss and insurer:

7. DECLARATION

I/WE declare that to the best of MY/OUR knowledge and belief the information provided in connection with this insurance is true and I/WE have not withheld any material facts.

I/WE understand that non-disclosure or misrepresentation of a material fact will entitle the insurer to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this insurance by the insurers.

If you are in any doubt as to whether a fact is material or not you should declare it.

Signed: Dated: