

## INSURANCE MANAGEMENT (BAHAMAS) LIMITED INSURANCE BROKERS AND AGENTS

NEW PROVIDENCE P.O Box SS-6283, Rosetta Street East, Palmdale, Nassau. Tel: (242) 394-5555 Fax: (242) 323-6520 E-Mail: info.nassau @imbbah.com GRAND BAHAMA
P.O.Box F-42541
1, Pioneers Way,
Freeport.
Tel: (242) 350-3500
Fax: (242) 3503510
E.Mail: info.freeport@imbbah.com

P.O.Box AB-20666 Queen Elizabeth Drive, Marsh Harbour. Tel: (242) 367-4204 Fax: (242) 367-4206 E-Mail: info.abaco@imbbah.com

ABACO

ELEUTHERA
P.O.Box EL-25190,
Queen's Highway,
Governor's Harbour..
Tel: (242) 332-2862
Fax: (242) 332-2863
E-Mail: info.eleuthera@imbbah.com

EXUMA Queen's Highway, George Town, Exuma. Tel: (242) 336-2304 Fast: (242) 336-2305 E-Mail: info.exuma@imbbah.com

## AIRCRAFT INSURANCE PROPOSAL FORM

Unless all material facts are disclosed, this insurance could be invalidated. Material Facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the Proposal. If you are in any doubt about whether facts are material, you should disclose them.

A copy of the completed Proposal Form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract.

Commencement Date	e of Insurance:	Day	Month	Year	Expiry Date of Insurance:	Day	Month	Year
(Which cannot be before the of the Proposal by the Insur	•						•	
1. PROPOSER								
a) Proposer's Name	Company <u>:</u>							_
	Individual:							
b) Proposer's Interes	t in the Aircra <u>ft:</u>							_
c) Postal Address:								_
_								_
e) Telephone:	(Hor	ne)			(Business)		_ (Cell)	
f) E-mai <u>l:</u>								
g) Occupatio <u>n:</u>					h) Age <u>:</u>			_
i) Have you or any me company, ever bee	-	-	_	-	r directors where the Propo	ser is a	limited	
company, ever bee		-			please give details here	YES	□ NO	

2. AIRCRAFT DETAILS
a) Manufacturer
b) Model
c) Year
d) Amount of Airframe Time
e) Engines
f) Engine Hours
g) Number of Crew Seats
h) Number of Passenger Seats
i) Average Passenger Load
j) Registration No.
k) Country of Registration
I) Hull and Machinery Value
m) Date of Last Annual
n) Where is the Aircraft kept
o) Where is the Aircraft maintained (location)
p) Name of Maintenance Company
2 DIL OTS
3. PILOTS
<u>Pilot 1</u> a) Name ————————————————————————————————————
b) Age
c) Hours & Rating 1. Total flying hours
2. Total Turbine Engine Hours
3. Hours make and model
4. Total multi engine hours
d) Type of license held

	Name ————————————————————————————————————
f)	Age
g)	Hours & Rating 1. Total flying hours
	2. Total Turbine Engine Hours
	3. Hours make and model
	4. Total multi engine hours
h)	Type of license held
<u>Pi</u>	lot 3
i)	Name
j)	Age
k)	Hours & Rating  1. Total flying hours
	2. Total Turbine Engine Hours
	3. Hours make and model
	4. Total multi engine hours
I)	Type of license held
att	Pilots attend Manufacturer approved Flight/Simulator training and if so, how often do the pilots rend?  ase state the minimum licenses/experience requirement levels for any unnamed pilots.
4. INS	SURANCE (please tick as appropriate)
Exist	ing Insurance Arrangement YES $\square$ NO $\square$ New Craft YES $\square$ NO $\square$
a)	Present Insurer
b)	Period of Insurance
c)	Current Premium
d)	Excess

a)	Public Liability (Bodily inju	ry & Property	damage) -	- Limit per occurrence: BSD		
b)	Passenger Liability - Limit per person: BSD					
c)						
d) Crew Personal Accident – Limit per occurrence: BSD						
. US	E OF AIRCRAFT (please t	ick as appropri	ate)			
a)	Private Pleasure	YES 🗆	NO □	How many trips per month?		
				How many hours per month?		
b)	Business	YES 🗌	NO□	How many trips per month?		
				How many hours per month?		
c)	Commercial Charter	YES 🗌	NO□	How many trips per month?		
				How many hours per month?		
d)	Rental	YES 🗌	NO□	How many trips per month?		
				How many hours per month?		
e)	Other uses not listed	YES 🗌	NO □	How many trips per month?		
				How many hours per month?		
f)	If the answer to Question 6	e) is YES ple	ase enter o	details of the Other uses below:		

**Private Pleasure** is defined as use for private and pleasure purposes but NOT use for any business or profession nor for hire or reward.

Business is defined as use for the purpose of the Insured's business or profession but NOT use for hire or reward.

**Commercial** is defined as use for the carriage by the Insured of passengers, baggage accompanying passengers and cargo for hire or reward.

**Rental** is defined as rental, lease, charter or hire by the Insured to any person, company or organization for Private Pleasure and Business uses only, where the operation or the Aircraft is not under the control of the Insured. Rental for any other purposes is NOT insured under this Policy unless specifically declared to Insurers.

7. GEOGRAPHICAL OPERATING AREA OF THE A	IRCRAFT				
a) Please state Geographical Operating Area of the Aircra	aft:				
b) Does the Aircraft fly to the United States of America?		YES NO			
c) If the answer is YES to Question 7b) above is it for ma	intenance purposes only?	YES□ NO□			
d) If the answer is NO to Question 7c) what is the approximate percentage in overall hours the Aircraft is flying in the airspace of the United States of America?					
8. PREVIOUS LOSSES OR CLAIMS					
a) Have you ever had any accidents or losses whether c	overed by insurance or no	ot? YES 🗆 NO 🗆			
If you have answered 'YES' to the above question pleas	se give details here				
9. DECLARATION  I/we declare that the above statements made by me/us or written behalf by someone else are to the best of my/our knowledge and been misrepresented, misstated or withheld. I/we agree that this between me/us and the Insurers and will be deemed as incorpor	d belief true and complete, as proposal shall form the bas	and no material fact has is of the contract			
Signature of Proposer(s)	Da	ate			