

D. CONDITION OF AIRCRAFT

1. Is aircraft in good condition? Yes No
2. Is there any unrepaired damage? Yes No

If "Yes", please give details:

3. Aircraft Location i.e. name of hangar or airfield where aircraft will usually be kept:
4. Range of Operations:
- Please specify exact areas of operation:
- Also includes flights outside the Philippines. Please specify name of other countries where the aircraft have flights:
5. Name of organization maintaining aircraft:

E. PURPOSE OF USE. The aircraft will only be covered for the purposes indicated.

Please show, for each aircraft, the approximate number of hours for each use over the next 12 months:

Use	RPC	RPC	RPC	RPC	RPC	RPC
Private Pleasure (use for private and pleasure purposes but NOT use for any business or profession nor for hire or reward)						
Business (includes use for private pleasure and use for business or professional purposes but NOT use for hire or reward)						
Commercial (includes use for private pleasure and business and use for the carriage of the Insured of passengers, baggage accompanying passengers and cargo for hire or reward)						
Hire and/or Rental (rental, lease, charter or hire by the Insured to any person, company or organization for Private Pleasure and Business uses only, where operation of the Aircraft is not under the control of the Insured) <i>– for other hire and/or rental uses, see below</i>						
Flying School excluding instruction						
Instruction including ab-initio						
Instruction excluding ab-initio						
Aero Club excluding instruction						
Aerobatics						
Parachute Operations						
Aerial Survey/Photography						
Agricultural Work (includes spraying, seeding, dusting, fertilising)						
General Station Use (includes baiting, shooting but excludes mustering)						
Mustering						
OTHER USES NOT STATED ABOVE. Please describe in full.						
TOTAL USE IN HOURS (excluding any special hire &/or rental uses) over the next 12 months						

F. SPECIAL HIRE AND/OR RENTAL USES

To be completed if the aircraft is hired or rented to other persons, firms or organizations for other than Private Pleasure and Business uses.

1. Name of hirer or renter:
2. Describe special uses permitted under the hire/rental agreement:
3. Flying experience of pilots allowed under the agreement:
4. Estimated number of hours involved in the next 12 months:

G. PILOT INFORMATION

Required for all pilots who operate the aircraft.

Pilot Detail and Experience	Pilot 1	Pilot 2	Pilot 3	Pilot 4	Pilot 5	Pilot 6	Pilot 7
Pilot's name							
Age (Years)							
Type of license							
Ratings							
Flying experience in command (in hours)							
▪ Total time							
▪ Single engine aircraft							
▪ Multi engine aircraft							
▪ Last 12 months (for all aircraft)							
▪ Last 90 days (for all aircraft)							
▪ Make & Model to be insured – total time							
▪ Make & Model to be insured – last 90 days							

1. If pilots are not named, indicate preferred pilot warranty (with respect to Total Time and Make and Model.)
2. Has any pilot named above been convicted of a breach of Air Navigation safety regulations?
Yes No If "Yes", please provide details:
3. Has any pilot named above been involved in an aircraft accident in the past 5 years?
Yes No If "Yes", please provide details:

H. DETAILS OF INSURANCE REQUIRED

I. Accidental Damage to Aircraft Hull

Aircraft	Hull Agreed Value	Amount to be insured (if on co-insurance basis)

II. Liabilities (TPL & PLL)

III. Personal Accident to Pilots

IV. Hull War and allied Perils (please specify if you wish to include coverage for confiscation by government of registration)

V. Additional Cover Options

I. PREVIOUS AND EXISTING INSURANCE

1. Have you (or a corporation of which you were a director or, if the proposer is a corporation, a person who is a director of the proposer) previously held an aircraft insurance policy? Yes No
2. If you currently have insurance cover, please provide the following details:
 - Name of current insurer:
 - Expiry date of insurance cover:
3. Has any insurer cancelled, declined or refused to renew any such insurance policy? Yes No
If "Yes", please provide details:

J. CONVICTIONS

Has the proposer ever been convicted of a breach of Air Navigation safety regulations? Yes No
If "Yes", please provide details:

K. LOSS EXPERIENCE

Please give details of all accidents (whether insured or not) involving aircraft or liabilities associated with aircraft in which the proposer has been involved with in the last 5 years. If none, please write "NONE".

L. DECLARATION AND SIGNATURE

I/We declare that the information and answers given in this form are true to the best of my/our knowledge and belief and that I/we have not mis-stated or suppressed any material facts that might influence the assessment of the risk. I/We also understand that completion of this proposal form does not bind Insurers or mean I/we will accept this insurance but, if terms are offered, this declaration and the answers given herein shall be the basis of, and incorporated in, the contract between me/us and the insurance company.

Name _____

Designation _____

Signature
of Proposer _____

Date _____

PIONEER INSURANCE & SURETY CORPORATION

Pioneer House Makati, 108 Paseo de Roxas, Legazpi Village, Makati City 1229, Philippines
Tel: +63 2 8812 7777 or +63 2 7750 9999 ▪ Fax: +63 2 8817 1461 ▪ www.pioneer.com.ph