

Airport Owners and Operators Liability Insurance Proposal Form

Proposer Details

1. Name of Proposer _____
 Proposer's Address _____
2. Name(s) of address(es) of all subsidiary companies to be insured

3. Website Address _____

Products

4. Gross sales of aviation products (£ 000s)

ESTIMATED FOR

Product end use	Estimate for Current Policy Year	Actual for Current Policy Year	Estimate for Next Policy Year	% Sales to USA & Canada
Current civilian production aircraft	_____	_____	_____	%
All other civilian aircraft	_____	_____	_____	%
Military aircraft for H.M. Government	_____	_____	_____	%
All other military aircraft	_____	_____	_____	%
Space Shuttle	_____	_____	_____	%
Commercial spacecraft	_____	_____	_____	%
Military spacecraft for H.M. Government	_____	_____	_____	%
Other military spacecraft	_____	_____	_____	%
TOTALS:	_____	_____	_____	%

5. Describe all aircraft products, including containers therefor, designed, manufactured, assembled or distributed by proposer and all firms listed in Questions 2.

(USE SEPARATE SHEET OF PAPER TO COMPLETE FULLY)

6. Please attach copies of all current aircraft & spacecraft products sales brochures

Attached

Tata AIG General Insurance Company Limited

Working Parties Legal Liability

16. Do any of your employees go away from your premises to work on or around aircraft? Yes No
17. If "yes" to 15 above, is applicant insured for liability arising out of his work? Yes No
18. If you require a quotation to insure this liability, please supply the following details:
- (a) Number of employees so involved
- (b) Approximate number of visits per year
- (c) Type(s) of work involved
- (d) Type(s) of aircraft worked on
- (e) Number & types of vehicles involved

19. List all working parties' claims, or incidents which could give rise to a claim, in past 5 years.

Date of loss	Description of claim	Amount of claim including all expenses	Outstanding Reserves
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Limit of indemnity required for each occurrence _____

Non-Owned Aircraft Liability

21. Does applicant charter, rent or hire aircraft? Yes No
22. If "yes" to 20 above, is applicant currently insured for Non-owned Aircraft Liability? Yes No
- (a) If "yes", to what limit?
- (b) Does applicant require coverage in excess of the above limit? Yes No
23. If applicant required quotation to insure this liability, please supply the following details:
- (a) Type(s) of aircraft/helicopters used
- (b) Estimated number of hours used per year
- (c) Maximum seating capacity required
- (d) Area(s) of operation
- (e) What will aircraft be used for?

- (f) Is your company named as an additional Insured under the operator's policy? Yes No
- (g) List names of aircraft operators and limits of liability purchased

24. List all non-owned aircraft claims or incidents in past 5 years.

Date of loss	Description of claim	Amount of claim including all expenses	Outstanding Reserves
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tata AIG General Insurance Company Limited

25. Limit of indemnity required for each occurrence _____

Aviation Premises or Hangarkeepers Liability

26. Does applicant own or occupy any airport premises: Yes No

If "yes" to above, list airport name(s)

27. List all buildings, hangars, ramps and all other premises to be insured.

28. Applicant occupies: all part of premises
and is: owner tenant general lessee of premises

29. List all vehicles and mobile equipment, such as aircraft tugs and fuel trucks, used on the airport premises.

30. Does applicant ever have non-owned aircraft in his care, custody or control at applicant's premises? Yes No

31. If "yes" to above, please provide the following details:

Average value any one aircraft _____ Average Total _____
Maximum value any one aircraft _____ Maximum Total _____
Maximum value (i) in any one hangar _____
(ii) tied out _____

32. List all aviation premises & hangarkeepers' claims for past 5 years.

Date of loss	Description of claim	Amount of claim Including all expenses	Outstanding Reserves
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

33. Limit of indemnity required for each occurrence _____
But, subject to a Deductible for each loss as respects loss or damage to Aircraft of _____

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THE INSURANCE.

Section 41 of Insurance Act 1938 (Prohibition of rebates)

1.No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer."

2.Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Declaration

I declare that the statements and particulars in this proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

A material fact is one which would influence the acceptance or assessment of the risk.

I/we herby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. I understand that the Company has the right to call for documents to establish sources of funds. The insurance company has right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me/us. I/we have understood these and confirm to abide by the policy terms & conditions.

For and on behalf of all Insureds:

Signed
Title
(to be signed by a director of the Company)
Company
Date
Insurance to commence
at 00.01 on
at the Applicant's address listed in (1) above
and end
both days inclusive.

Vernacular Declaration by the intermediary

(Certification in case the proposer has signed in vernacular/thumb print):

I, _____(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/ Relationship Officer of the Broker, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/ response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Name of the specified Person and code:

Place:

Date:

Signature of Agent/ intermediary:

Tata AIG General Insurance Company Limited

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