



# Application Form for PHA Aircraft Insurance

## PHA AIRCRAFT APPLICATION FORM

**Important Note**

All questions in this application form must be answered completely.

If the space provided is insufficient, please include attachments on your company letterhead.

Agent/Broker \_\_\_\_\_

Code 

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1. DETAILS ABOUT THE APPLICANT	
a) Name	
b) Address	
c) Business or Occupation	
d) Telephone Number	
e) Mobile Number	
f) Email Address	

2. AIRCRAFT OWNERSHIP	
a) Are you the owner of the aircraft?	Yes/ No
If 'No', describe the nature of your interest (e.g. hirer, lessor):	
b) Other interests	
State name of any other person, firm or company having a financial interest in or a lien on the aircraft and describe the nature of that interest	

3. AIRCRAFT DETAILS								
a) Please give the following details								
Make and model	Year manufactured	Reg. marks	Passenger seats	Date of purchase	Purchase price	Market value	Amount to be insured	Hours flown
b) Describe Modifications, Extra or Special Equipment:								
c) Conditions of aircraft								
Is the aircraft in good condition?			Yes/ No					
Is there any unrepaired damage?			Yes/ No					
If 'Yes', give details								
Aircraft location (base)?								
Is the aircraft hangered?			Yes/ No					
Range of operation?								
Name of organization maintaining aircraft?								
4. PURPOSE OF USE								
a) Please state, for each aircraft, the approximate number of hours for each use over the next 12 months								
Type of Usage	Aircraft 1		Aircraft 2		Aircraft 3			
Private pleasure (excludes business and professional use and for hire and reward)								
Business (includes use for private pleasure, business or professional use but not use for hire and reward)								
Commercial/Charter (includes private pleasure, business uses and the carriage of passengers, baggage accompanying passengers and cargo for hire or reward)								
Flying school excluding instruction								
Aero club excluding instruction								
Instruction including ab-initio								
Instruction excluding ab-initio								

General station use (includes baiting, shooting but excludes mustering)			
Mustering			
Agricultural work (includes spraying, seeding, dusting, fertilizing)			
Aerobatics			
Parachute operations			
Hire and/or rental – Private pleasure and business uses only (for other hire and/or rental uses see below)			
Other uses – Describe in full			
Total use in hours (excluding any special hire and/or rental uses) over the next 12 months			
b) Special Hire &/or Rental Uses			
To be completed if the aircraft is hired or rented to other persons, firms or organisation for other than private pleasure or business uses			
Name of hirer or renter			
Describe special uses permitted under the hire/rental agreement			
Flying experience of pilots allowed under the agreement			
Estimated number of hours involved in next 12 months			

<b>5. PREVIOUS INSURANCE</b>	
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
If 'Yes', please provide the following details.	
Name of Insurer	
Policy Number	
Expiry Date	
Has any insurer cancelled, declined or refused to renew any such insurance policy?	Yes/ No
If 'Yes', please provide details	

6. PILOT INFORMATION			
Information required for all pilots who operate the aircraft	Pilot 1	Pilot 2	Pilot 3
Pilot's name			
Age			
Type of license			
Ratings			
Flying experience in command (in hours)			
– Total time			
– Single engine aircraft			
– Multi engine aircraft			
– Last 12 months			
– Last 90 days			
– Make and model proposed – total time			
– Make and model proposed – last 90 days			

If pilots are not named, indicate preferred pilot warranty	
Provide detail of training courses attended in the last 2 years	
Has any pilot named above ever had their license suspended or cancelled?	Yes/ No
If 'Yes', please provide details	
Has any pilot named above been convicted of a breach of air navigation safety regulation?	Yes/ No
If 'Yes', please provide details	
Has any pilot named above been involved in an aircraft accident in the past 5 years?	Yes/ No
If 'Yes', please provide details	
Has any pilot named above been convicted of driving a motor vehicle under the influence of drugs or alcohol during the last 5 years?	Yes/ No
If 'Yes', please provide details	
7. LOSS EXPERIENCE	
a) Give details of all accidents involving aircraft or liabilities associated with aircraft in which	

you have been involved in the last 5 years			
b) Convictions. Have you ever been convicted of a breach of air navigation safety regulations?	Yes/ No		
If 'Yes', please provide details			
8. DETAILS OF INSURANCE REQUIRED			
a) Period of Insurance	From __ / __ / __ 4 pm To __ / __ / __ 4 pm		
b) Accidental Damage to Aircraft:			
Cover (Flight &/or Taxiing &/or Ground Risks)	Amount Proposed for Insurance	Deductible (Excess)	Premium
c) Liability			
Option 1:			
Legal liability to third parties for property damage and bodily injury, and to passengers – Combined Single Limit of Indemnity		PGK	
Is this cover to include legal liability to the pilot in command?		Yes/ No	
Option 2:			
Legal liability to third parties for property damage and bodily injury (excluding passengers) – Limit of Indemnity		PGK	
Legal liability to passengers – Limit of Indemnity any one passenger		PGK	
Or, – Limit of Indemnity all passengers (single limit)		PGK	
Legal liability to pilot in command – Limit of Indemnity		PGK	
Additional Cover Options:			
Passenger liability – Cover in Terms of Civil Aviation (Carrier's Liability) Act (Commonwealth or State as applicable) ?		Yes/ No	
Legal liability to third parties for property damage and bodily injury (excluding passengers):			
Airfreight of parts		PGK	
Loss of use (number of days cover)		Days	
– Amount of cover per day		Per day	
– Number of days cover excluded following an accident		Days	
Total Premium		PGK	

## DECLARATION

I/We hereby declare that the foregoing particulars are true and complete to the best of my/our knowledge and belief

I/We have disclosed all matters which to my/our knowledge you should be aware of.

I/We agree that this declaration and the answers given herein and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between me/us and PHA

I am/We are prepared to accept insurance on the terms and conditions set forth in the Policy issued by PHA.

Date:

Applicant's Signature:

Name: