

**AVIATION RISKS – LIGHT AIRCRAFT
QUOTATION QUESTIONNAIRE**

Contact Details

1. Full Name & Company Name

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2. Correspondence Address

.....

.....

3. Telephone Numbers and email

.....

address

.....

Experience Details

4. Please provide details of pilots

.....

experience incl. average flying
hours and total hours in the
proposed aircraft type

.....

.....

(If you are a Flying Club then provide details of the clubs Class 1 Flying Instructor in the above space)

5. Details of any losses, claims,

.....

accidents or incidents whether
a claim was made or not (incl.
date, pilot, costs & circumstances

.....

.....

Hull Details

6. Aircraft Make/Model

.....

Year Built:.....

No. of Engines:.....

Engine Type:.....

Take Off Weight:kg

Total Value:

Max. No. Passengers:

7. Location: Where Is the proposed

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aircraft normally kept? Please also
advise if it is hangered or otherwise

Cover Risks Required Details

8. Cover Required (Please tick the ☐ Full Flight Risks ☐ Ground Risks Only
relevant box)

9. Use Required (Please tick the ☐ Private & Pleasure
relevant boxes)

☐ Business

☐ Instruction (incl. Ab-initio & Advanced)

☐ Rental (PPL Holders Only for Private, Pleasure & Business)

10. Geographical Limits (Please tick ☐ Ireland & UK Only
the relevant boxes)

☐ Europe excluding countries of former Yugoslavia but not
Croatia or Slovenia

☐ Other (Please provide full details of countries and reasons
required)

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.....

Current/Previous Insurance Details

11. Name of Current / Previous Insurer
.....

12. Renewal Date & Renewal Premium
.....

13. Any other relevant information or
Material Fact

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Please note that all Material Facts must be disclosed. A Material Fact is that, which may influence the acceptance or assessment of your proposal. If you are in any doubt whether a fact is material then you should disclose it.

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The information requested in this questionnaire is for quotation purposes only and I / we understand that cover will only be granted upon completion and submission of the insurers proposal form and payment of any premium, fees or other associated charges whereon written cover confirmation will be issued by Padraic Smith & Co. Ltd. on behalf of the insurer. I / we hereby authorise Padraic Smith & Co. Ltd. to source the market on my / our behalf in respect of a quotation for the proposed insurance mentioned in this questionnaire.

Signature:.....

Dated:.....

Please fax the completed questionnaire to: **+353 (0) 1 833 1370** or alternatively email to either donna@psmith.ie or if you have any queries or require assistance then please telephone +353 (0) 1 833 2281