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## Questionnaire for Aviation Risks

### Interested

Mr  Mrs  Company

Contact: .....

Last Name, First Name .....

Company Name .....

Address and Street No. ....

Postcode, City .....

Telefon, Fax, E-Mail .....

The insured is

Operator  no  yes

Owner  no  yes

Management  no  yes

(Only to apply if these companies need to have coverage for that contract.)

Daughter companies:  no  yes (Name, Address) .....

Add. Insured Companies:  no  yes (Name, Address) .....

### Inception

Inception date .....

### Territorial Scope

Territorial Scope

Europe

Worldwide excl. USA / Canada

Worldwide incl. USA / Kanada

### Former Insurer, claims

Were or are there former insurances?

yes  no

If yes, Insurer?

Period?

.....  
 .....

Were there any losses in the last 5 years or since beginning of the operations (Insured / Aircraft / Pilots)?

yes  no (If yes, Please indicate details (kind of loss, paid amount, year of loss?))

.....  
 .....

### Aircraft information (For bigger fleets please use fleet appendix)

Item 1)

Manufacturer .....

Make and Model .....

Registration .....

Serial Nr. ....

Year of construction .....

MtoM .....

Pilotseats .....

Pax.seats .....

Hangared

no  yes

Home base .....

Maintained by .....

Item 2)

Manufacturer .....

Make and Model .....

Registration .....

Serial Nr. ....

Year of construction .....

MtoM .....

Pilotseats .....

Pax.seats .....

Hangared

no  yes

Home base .....

Maintained by .....



First Name / Last Name .....  
 Totalhours (fwh or rwh) .....  
 thereof min. hours on ME/Turbine/Jet .....  
 thereof total hours on Typ .....  
 Lizenzen .....

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Emergency and recurrency Training  no  yes  
 Frequency .....  
 Training Organisation .....

Emergency and recurrency Training  no  yes  
 Frequency .....  
 Training Organisation .....

Additional Information of the pilots (e.g. certain uses have different pilots)  
 .....  
 .....  
 .....  
 .....

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 .....  
 .....  
 .....  
 .....

**Liability**

Currency  CHF  EUR  USD

Item 2)

Item 1)  
 Third Party Legal Liability  
 Min. sum of guarantee required by Local Law  no  yes  
 If no, please indicate sum of guarantee .....

Third Party Legal Liability  
 Min. sum of guarantee required by Local Law  no  yes  
 If no, please indicate sum of guarantee .....

CSL (Combined single limit for third party and passenger liability)  
 Min. sum of guarantee required by Local Law  no  yes  
 If no, please indicate sum of guarantee needed .....

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 Min. sum of guarantee required by Local Law  no  yes  
 If no, please indicate sum of guarantee needed .....

Ev. Additional options .....

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Inclusion of war risks (AVN 52E)  
 Min. sum of guarantee required by Local Law  no  yes  
 If no, please indicate sum of guarantee needed .....

Inclusion of war risks (AVN 52E)  
 Min. sum of guarantee required by Local Law  no  yes  
 If no, please indicate sum of guarantee needed .....

**Personal Accident**

Currency  CHF  EUR  USD

Sum insured per Seat:

**Death**

**PTD**

**Crew-Seat:** .....

**Pax-Seat:** .....

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**Hull all Risks**

Currency  CHF  EUR  USD

Item 1)

Agreed Value  
(incl. Special Instruments and Equipment)

Deductible

Option II Deductible

Inclusion of war risks  
(LSW 555D)  no  yes

Breach of warranty (BOW)  no  yes

Bank

Amount

Hull cover for

Spares and Equipment:  no  yes

Currency  CHF  EUR  USD

Needed Sub-Limits: Value per any one location  
per Transport  
per Spare  
For all losses in the annual aggregate

Item 2)

Agreed Value  
(incl. Special Instruments and Equipment)

Deductible

Option II Deductible

Inclusion of war risks  
(LSW 555D)  no  yes

Breach of warranty (BOW)  no  yes

Bank

Amount

**Other**

**Wir bitten Sie, folgende Bestimmungen gemäss Art. 6 des Schweizer VVG in seiner gültigen Fassung zu beachten:**

Hat der Anzeigepflichtige beim Abschluss der Versicherung eine erhebliche Gefahrstatsache, die er kannte oder kennen musste und über die er schriftlich befragt worden ist, unrichtig mitgeteilt oder verschwiegen, so ist der Versicherer berechtigt, den Vertrag durch schriftliche Erklärung zu kündigen. Die Kündigung wird mit Zugang beim Versicherungsnehmer wirksam.

Wird der Vertrag durch Kündigung aufgelöst, so erlischt auch die Leistungspflicht des Versicherers für bereits eingetreten Schäden, deren Eintritt oder Umfang durch die nicht oder unrichtig angezeigte erhebliche Gefahrstatsache beeinflusst worden ist. Soweit die Leistungspflicht schon erfüllt wurde, hat der Versicherer Anspruch auf Rückerstattung.

**Signatures**

Broker/Agent/Producer

Prospective Client

Place, Date / Stamp of Company, Signature

Place, Date / Stamp of Prospective Client, Signature

I / We declare to the best of my / our knowledge and belief the above statements are true and that no material information has been withheld. Signing this form does not bind the proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

**Please return this questionnaire to Fax No. +41 (0)44 285 16 17**

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## Declaration of consent for the Data processing

### Insurer's Duty to Inform in Accordance with Art. 3 of the Federal Law on Insurance Contracts.

Pursuant to Art. 3 of the Federal Law on Insurance Contracts, the insurer is subject to a duty to disclose information on the following aspects:

- a. The insured risks;
- b. The scope of insurance cover;
- c. Premiums due and other obligations on the part of the policyholder;
- d. Duration and termination date of the insurance contract;
- e. The calculation bases and distribution principles and methods applied to determine the surplus and surplus share;
- f. The surrender and conversion values;
- g. The processing of personal data, including the aim and purpose of data collection and the recipients and archiving of the data;
- h. The identity of the insurer.

The policyholder agrees that, if applicable for this policy, he has received all the requisite information prior to signing the insurance contract. The relevant details are contained in this offer, the policy or the terms and conditions of insurance.

### Data processing

The policyholder hereby authorises Allianz Global Corporate & Speciality, Division of Allianz Risk Transfer, Zurich Branch (hereafter AGCS), to process in electronic or physical form all data concerning the policyholder and insured parties as well as their employees and representatives which is required for the purpose of this contract or the benefits defined in this contract. Data processing covers any handling of personal data, in particular the acquisition, storage, use, editing, forwarding, archiving and deletion of such data.

The policyholder expressly authorises AGCS:

- (i) to process the data itself or have the data processed by other Group companies or unaffiliated third parties. It may forward the data for this purpose to Group companies or third parties abroad and have the data processed by such Group companies or third parties, even if the respective country imposes less extensive data protection regulations than Switzerland.
- (ii) to make enquiries of third parties for the purpose of verifying the data concerning the policyholder and insured parties, to forward data to third parties, to obtain information and to inspect official documents.

AGCS complies with the Swiss Law on Data Protection (LDP) and processes data only to the extent permissible under the LDP or other applicable laws. Under the LDP the policyholder and insured parties are entitled:

- (i) to request information on whether and which data concerning them are being processed;  
and
- (ii) to have incorrect data corrected.