

## DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets. WHEN IN DOUBT DISCLOSE.

# Applicant Details

Name of applicant including trading names, names of subsidiaries and any other parties to be insured

# Address

Website Address

Email Address

Phone Number

Contact Person Broker / Agent

### Business Details

What is the nature of your business

□ Airport Owner and Operator

□ Hangarkeeper

□ Other (please specify)

Location of each of the premises (to be covered by this insurance)

# Third Party Liability

Do						
(a)	own the land on which the airfield is constructed?	Yes 🗌	No 🗌			
(b)	operate the airfield	Yes 🗌	No 🗌			
(c)	own the buildings	Yes 🗌	No 🗌			
(d)	occupy the buildings	Yes 🗌	No 🗌			
(e)	sub-let or lease out any of the premises	Yes 🗆 🕨	No 🗌			

▶ If Yes, what part of the premises and to whom?

What the age and construction of the hangar?		
Is a car park provided?	Yes 🗆 🕨	No 🗌
▶ If Yes, is there a charge made?	Yes 🗌	No 🗌
Do any "Scheduled Air Services" use the airfield?	Yes 🗆 🕨	No 🗌
▶ If Yes, please give details		
Approximately how many landings and take-offs occur annually by aircraft other than your own?		
Are movements of visiting aircraft controlled, ie landing, taking off and taxiing?	Yes 🗆 🕨	No 🗌
▶ If Yes, by whom?		
Is radio or directional information given to aircraft in the air?	Yes 🗆 🕨	No 🗌
▶ If Yes, by whom?		
Are you responsible for maintaining the:		
(a) Airfield?	Yes 🗌	No 🗆
(b) Hangar?	Yes 🗌	No 🗌
Are the public usually admitted as sightseers?	Yes 🗆 🕨	No 🗌
If Yes, are they permitted to wander at will over the airfield/hangar	Yes 🗌	No 🗌
What is the largest type of aircraft permitted to use the airfield?		
What are the runways constructed of?		
Is the airfield completely fenced?	Yes 🗌	No 🗆
Are animals permitted to graze within the airfield boundaries?	Yes 🗌	No 🗌
Does the airfield operate at night?	Yes 🗌	No 🗌
Limit required in respect of any one accident under this section	\$	
are Custody & Control		
Do aircraft parts, other than your own, occupy the hangar?	Yes 🗆 🕨	No 🗌
▶ If Yes:		
(a) is such occupation regular or occasional?	Yes 🗌	No 🗌
(b) is a charge made?	Yes 🗌	No 🗌
(c) what is the maximum value of any one such aircraft or part?	\$	
(d) what is the total value of all aircraft and parts, other than your own, which may occupy the hangar at any one time?	\$	
Are owners or operators using the Hangar required to sign a 'Hold Harmless Agreement' absolving the Hangarkeeper from liability in event of an accident?	Yes 🗌	No 🗌
Do you wish to insure your liability for loss or damage to such Aircraft or parts:		
(a) Whilst on the ground?	Yes 🗋	No 🗌

Limit required in respect of any one accident under this section

\$

Yes 🗌

No 🗌

# Proposal Form Hangarkeeper's Liability

Products Liability		
Do you sell or distribute Aircraft or any Aircraft component parts?	Yes 🗆 🕨	No 🗌
▶ If Yes, what are your gross annual receipts from such sales:		
(a) for the last 12 months?	\$	
(b) 12 months prior to that?	\$	
Do you service, maintain or repair Aircraft or any Aircraft component parts?	Yes 🗆 🕨	No 🗌
▶ If Yes, what are your gross annual receipts for each of the following:		
(a) engine overhauling/reconditioning	\$	
(b) engine servicing	\$	
(c) other servicing, maintenance or repair, not involving engines	\$	
Is any form of Warranty given to the customer:		
(a) on purchase of Aircraft?	Yes 🗌	No 🗌
(b) on completion of servicing, maintenance or repairs?	Yes 🗌	No 🗌
Limit required in respect of any one accident under this section	\$	
General		
Does your airfield/Hangar comply with all regulations in force at the time of signing this form?	Yes 🗌	No 🗌
What disclaimer notices are posted, and where?		
What quantities of fuel are stored, and how?		
What are the Aircraft refuelling arrangements?		
Do you operate a petrol bowser or pump?	Yes 🗌	No 🗌
Do you supply fuel to other persons?	Yes 🗌	No 🗌
Are you a refuelling agent?	Yes 🗆 🕨	No 🗌
▶ If Yes, for whom?		
Please advise staff numbers:		
Aircrew		
Engineers		
Other		
Have you entered into contractual liability which imposes a liability upon you to which you would not	Yes 🗆 🕨	No 🗆
have been otherwise subject? If Yes, please advise details		
Prior Insurance		
Has any insurer in respect of the risks to which this proposal relates ever:		
1. declined a proposal, refused renewal or terminated any insurance?	Yes 🗆 🕨	No 🗌
2. required an increased premium or imposed special conditions?	Yes 🗆 🕨	No 🗌
3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim	Yes 🗆 🕨	No 🗌

declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)?

If Yes to any of the above please give details

Past Claims						
	s any claim been made against the Applicant or any principal or director (including principal or ector of any previous business) consultant or employee in respect of the risks to which this proposal γ <sub>e</sub> ites?					
	las the Applicant or any principal, partner, director, consultant or employee incurred any other loss or Yes					
If Yes in either case please give details						
Date of Claim or Loss	Brief details of claim or loss	Cost (if any of claim paid or loss insured)	Estimated outstanding loss			
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
What action has be	en taken to prevent a recurrence of the situation which gave rise to each cl	aim or loss?	·			

## Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

- 1. the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
- 2. this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion
  of this insurance contract.
- 4. Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

#### Signed:

Title:

Date:

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

### Vero Liability Insurance Limited

Level 32 ANZ Centre, 23-29 Albert Street Private Bag 92055, Auckland 1142, New Zealand Telephone 09 306 0350