Proposal for the Insurance of Aviation Non-Ownership Liability QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Broker					Policy num	nber					
Details of the insured											
Name of Insured											
Address											
							State		Postcode	9	
Occupation					Telephone						
				J							
Hiring arrangements (a) State the make/type and	d registration number	of aircr	aft you propose to	chartor/hi	ro (plazca h	00 ac cno	oific a	nossible)			
(a) State the make/type and	a registration number	oi aiici	art you propose to	Cilai tei/iii	re (piease r	e as spe	cilic a	possible,	•		
(b) Maximum number of pa	nssenger seats in aircra	aft you	propose to charte	r/hire.							
(c) How many hours flying	time in non-owned air	craft is	anticipated during	the period	d of this insu	ırance?					
Note: You should always co	onfirm the adequacy o	of the o	wner's insurance	in respect	of the aircr	aft that y	you pr	pose to c	:harter/hir	e.	
Aircraft uses:											
Please state the purposes founder the Policy.	or which the aircraft wi	ll be us	ed, indicating exp	ected hour	ly utilisatio	n agains	t each	use for wh	ich you red	quire co	ver
Who will fly the aircraft? State pilots employed by yo	u who will fly the aircra	aft:									
Name		Age	Type of licence	Hours in o	command	Date ar	nd deta	ils of any	flying accid	lent or c	offence
Nume		rige	Type of meerice	All types	This type	Dute ui	ia acti	ins or arry	irying decid	iciti oi c	menee
Period of Insurance		From		То							
Limit of Liability		110111		10	Limit of In	demnity	in anv	on accide	ent		
Liability for bodily injury to	persons and/or damag	ge to pr	operty of other pe	ersons (incl			\$	011 000.00			
Is cover required for liability	for loss of or damage	to the	aircraft chartered/	hired?		_	Ψ			Yes	No
If 'Yes', sub-limit in respect to	o non-owned aircraft						\$				
Note: An excess is payable i	n respect of this item i	n event	of a claim				4			J	
(a) Are you now or have yo	u been insured in resp	ect of a	ny aviation risk?							Yes	No
(b) If 'Yes', please state nam	ne(s) of the company(ie	es) or u	nderwriter(s)								
						_					
Please give particulars of an been involved.	ny aviation insurance c	laims n	nade against any c	company or	underwrite	er and of	f any ai	rcraft acc	ident in wh	ich you	have

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(a) Declined your proposal?	Yes	No
(b) Cancelled or refused to renew your policy?	Yes	No
(c) Increased your premium or imposed special conditions?	Yes	No
(d) Increased your excess?	Yes	No
Any other information relevant to risk		

Your duty of disclosure

Has any company or underwriter-

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and signature

We hereby declare that the foregoing particulars are true and complete to the best of our knowledge and belief and we agree that this declaration and the answers given herein and any other written statement made by us or on our behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between us and the company. We are prepared to accept insurance on the terms and conditions set forth in the Policy issued by QBE and agree to pay to QBE the total amount of premium for this insurance forthwith upon request.

Insured's Signature	Dat	e DD/MM/YYYY	
For office use only			
		Annual Premium	
Basic limit of liability	\$		
Including hull sub-limit (if applicable)	\$	\$	
GST	\$	\$	
Stamp duty	\$	\$	
To	Total amount payable as		
Excess app	Excess applicable to hull sub-limit		

Please return to

aviation.admin@qbe.com or as advised by your underwriter or broker.