



**AXA MANSARD INSURANCE PLC** RC133276  
 Santa Clara Court  
 Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola  
 Odeku, Victoria Island, Lagos

**“AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT”**

## Aviation Insurance Proposal Form

**\*please fill or tick where applicable**

Full Name of Proposer: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone No(s): \_\_\_\_\_ RC No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_

Account Number: ..... Bank Name: .....

BVN: ..... Nationality: ..... Place of Birth: .....

Tax Identification Number: ..... Resident Permit (For Non Residents): .....

Country of Dual Citizenship: ..... Foreign Mailing

Address: .....

How long have you been in operation: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Nature of Business or Occupation: \_\_\_\_\_

Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

Expected Premium-~~N~~ \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Bankers \_\_\_\_\_

### DETAILS OF AIRCRAFT TO BE INSURED

AIRFRAME						ENGINE (S)
Make, Type & Series Number	Year of Construction	Date & No. of Current License or C. of A.	Licensed Passenger Seating Capacity	Declared Passenger Seating Capacity for the Purpose of Insurance	Identification Marks	Number and Type

**Please Note “No Cash Payment”:**

Kindly ensure all payments are made directly into AXA Mansard’s designated corporate account account(s). All cash payments **MUST** be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

Price of Aircraft & Date of Purchase	Present Value of Aircraft	Details of Extra Equipment and Accessories, if any		Total Declared Value for the purpose of Insurance
(including Standard Instruments and Equipment)		Details	Value	

Please state fully:-

1. Purposes for which the Aircraft will be used .....

Will the Aircraft be flown at night?.....

2. Geographical limits for which insurance is required .....

3. By whom will the maintenance be carried out? .....

4. Where will the Aircraft usually be kept?.....

Is this a licensed airfield?.....

Is the Aircraft normally kept in a hangar? If so, state construction of hangar .....

5. Will the Aircraft be taxed by persons other than licensed pilot(s) or qualified engineers? .....

6. Have you previously held an Aircraft Insurance Policy? If so, state name of Insurers. ....

7. Has any Insurer at any time:-

(a) Declined your proposal?.....

(b) Cancelled or refused to renew your Policy? .....

(c) Required an increased premium or revised terms? .....

8. Have you entered into any agreement or contract with any other party whereby liability is assumed or excluded in respect of the ownership or operation of the Aircraft?.....

PLEASE STATE DETAILS OF ALL ACCIDENTS AND/OR LOSSES DURING THE LAST FIVE YEARS

Year	No. of Aircraft owned and/or operated by Proposer	Damage to Aircraft		Third Party & Passenger Liability		Circumstances of Loss
		No. of Accidents	Cost or Estimate	No. of Accidents	Cost or Estimate	

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ENTER BELOW FLYING RECORD OF PILOTS BY WHOM THE AIRCRAFT WILL BE FLOWN

Name	Age	Types of Aircraft flown and date of last flight	Flying hours			License			Nature and Cause of Accidents (if any) during last five years
			Day	Night	Last 12 months	No.	Date of issue	Type	

**DETAILS OF INSURANCE REQUIRED**

(Delete where not applicable)

Section I. ACCIDENTAL DAMAGE.

- (a) Flight Risks.
- (b) Taxying Risks.
- (c) Ground Risks.
- (d) Mooring Risks (Waterborne).

Section II. THIRD PARTY LEGAL LIABILITY.

Limit of Indemnity .....each Accident

Section III \*LEGAL LIABILITY TO PASSENGERS.

Limit of Indemnity each person.....

Limit of Indemnity each person for baggage and personal articles.....

\*The limit of indemnity for each ACCIDENT equals the indemnity each person multiplied by the declared passenger seating capacity of the Aircraft.

Date..... Signature of Proposer (s).....

**DECLARATION**

I/WE warrant that the aforementioned Aircraft is/are my/our property and the statements and particulars given are true, and that no material information has been withheld or suppressed, and I/we agree to accept a Policy subject to the terms, exclusions and conditions prescribed therein.

**Name:** \_\_\_\_\_

**Signature/Initials:** \_\_\_\_\_ **Date** \_\_\_\_\_

The completion of this Proposal Form in no way binds the Proposer to complete Insurance. Insurers reserve to themselves the right to decline any proposal without assigning a reason.

**OFFICIAL USE ONLY**

Broker/Agent/BA: \_\_\_\_\_

SBU/Hub/Spoke: \_\_\_\_\_

Client's Risk Category: \_\_\_\_\_ Accept  Decline

AMIPLC/P&C/AI/09/2016/V1.2

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