



INSURANCE MANAGEMENT (BAHAMAS) LIMITED
INSURANCE BROKERS AND AGENTS

NEW PROVIDENCE

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 George Town
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AIRCRAFT INSURANCE PROPOSAL FORM

Unless all material facts are disclosed, this insurance could be invalidated. Material Facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the Proposal. If you are in any doubt about whether facts are material, you should disclose them.

A copy of the completed Proposal Form will be supplied on request but you should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract.

Commencement Date of Insurance:

Day	Month	Year

Expiry Date of Insurance:

Day	Month	Year

(Which cannot be before the acceptance of the Proposal by the Insurers)

1. PROPOSER

a) Proposer's Name Company: _____

Individual: _____

b) Proposer's Interest in the Aircraft: _____

c) Postal Address: _____

e) Telephone: _____ (Home) _____ (Business) _____ (Cell)

f) E-mail: _____

g) Occupation: _____ h) Age: _____

i) Have you or any member of your family residing with you, or directors where the Proposer is a limited company, ever been convicted of any offence other than driving offences?

If 'YES' to the above question please give details here

YES

NO

2. AIRCRAFT DETAILS

a) Manufacturer _____

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b) Model _____

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- c) Year _____
 - d) Amount of Airframe Time _____
 - e) Engines _____
 - f) Engine Hours _____
 - g) Number of Crew Seats _____
 - h) Number of Passenger Seats _____
 - i) Average Passenger Load _____
 - j) Registration No. _____
 - k) Country of Registration _____
 - l) Hull and Machinery Value _____
 - m) Date of Last Annual _____
 - n) Where is the Aircraft kept _____
 - o) Where is the Aircraft maintained (location) _____
-
- p) Name of Maintenance Company _____

3. PILOTS

Pilot 1

- a) Name _____
- b) Age _____
- c) Hours & Rating
 - 1. Total flying hours _____
 - 2. Total Turbine Engine Hours _____
 - 3. Hours make and model _____
 - 4. Total multi engine hours _____
- d) Type of license held _____

Pilot 2

- e) Name _____
- f) Age _____
- g) Hours & Rating
 - 1. Total flying hours _____
 - 2. Total Turbine Engine Hours _____
 - 3. Hours make and model _____

4. Total multi engine hours _____

h) Type of license held _____

Pilot 3

i) Name _____

j) Age _____

k) Hours & Rating

1. Total flying hours _____

2. Total Turbine Engine Hours _____

3. Hours make and model _____

4. Total multi engine hours _____

l) Type of license held _____

m) Do Pilots attend Manufacturer approved Flight/Simulator training and if so, how often do the pilots attend?

n) Please state the minimum licenses/experience requirement levels for any unnamed pilots.

4. INSURANCE (please tick as appropriate)

Existing Insurance Arrangement YES NO New Craft YES NO

a) Present Insurer _____

b) Period of Insurance _____

c) Current Premium _____

d) Excess _____

5. LIABILITY INSURANCE

a) Public Liability (Bodily injury & Property damage) – Limit per occurrence: BSD _____

b) Passenger Liability - Limit per person: BSD _____

c) Passenger Liability - Limit per occurrence: BSD _____

d) Crew Personal Accident – Limit per occurrence: BSD _____

6. USE OF AIRCRAFT (please tick as appropriate)

a) Private Pleasure YES NO How many trips per month? _____

How many hours per month? _____

b) Business YES NO How many trips per month? _____

How many hours per month? _____

c) Commercial Charter YES NO How many trips per month? _____

