



AVIATION SUPPLEMENTARY QUESTIONNAIRE

PLEASE ENSURE YOU READ THE IMPORTANT NOTICE OVERLEAF BEFORE SIGNING THE DECLARATION.

Name of Applicant

Name of Broker

A AIRCRAFT DETAILS

1. Please provide the following information for any aircraft used in your business

Type of aircraft	Year of manufacture	Capacity: crew + passengers	Hours flown per annum	Use of aircraft and % of income from that activity. Eg Agricultural spraying – 50%

2. Does your maintenance programme comply with the manufacturer's recommendations for your aircraft? Yes No

If No, please explain why

B GENERAL DETAILS

1. Please advise the number of staff involved in the following (include working directors and principals)

Aircrew	Ground crew	Other support staff	Contractors	TOTAL

Do you have any underground fuel or storage tanks? Yes No

If Yes, please advise

No. of tanks	Age of tanks	Capacity	Date last inspected

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and agree that this supplementary questionnaire shall form the basis of and be incorporated into the policy of insurance, which I have with QBE Insurance (International) Limited.

Signed

Date

Printed name

Position



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QBE INSURANCE (INTERNATIONAL) LTD
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IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your Statutory Liability Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.