



# Glider Insurance (Private)



In arranging your insurance both we and the Insurers will ask a number of questions which you are required to answer. It is your duty to take reasonable care to answer all the questions accurately and honestly, to the best of your knowledge, and to provide full answers and relevant details. Before completing this risk questionnaire, please read the section entitled "Your duty in relation to the questions asked" on the last page of this document.

## About you

Name:

Name of insured (if different from above):

Address:

Postcode: Tel:

Mob: Email:

## Your Glider(s)

Make	Model	Year of Manufacture	Registration	Agreed Value	Passenger Seats	Estimated utilisation (hours per annum, per aircraft)

## Trailer and other equipment

Trailer (please specify): Agreed value:

Other Equipment (please specify): Agreed value:

## Pilot information (for open pilot warranty see below)

Name	Date of Birth	Total Glider Flying Hours	Total Hours on Type	Total Hours in last 12 Months	Please state current Certificates and Endorsements, for each pilot (Solo, Bronze, Cross Country, Silver, Gold and Diamonds)

## Open pilot warranty

Please state stipulated minimum hours:

## Aircraft Liability

Do you require a limit of liability greater than the limits set out in EC785/2004:

Yes  No

If yes, please state limit of liability required:

£

## Policy cover required including extensions

Private, Business and Pleasure

Yes  No

Private, Business and Pleasure including trial lessons

Yes  No

Private, Business and Pleasure including World Championships

Yes  No

Private, Business and Pleasure including Grand Prix

Yes  No

Club

Yes  No

Franchise Deductible

Yes  No

Other (please state)

## Geographical limits

Do you require for UK only Yes  No

UK and Europe Yes  No

Worldwide Yes  No

## Your current insurance record

When is your insurance due?

Who is your current Insurance Broker?

Claims History for each pilot, within the last 5 years please state

(if Yes please provide additional information in space provided or as a separate attachment):

Any aircraft /glider accident losses or claims

Yes  No

CAA UK Violations

Yes  No

Do you have any CAA UK medical waivers other than Colour vision

Yes  No

Have you ever been convicted of transporting selling or using illegal drugs

Yes  No

Have you ever been convicted of operating an aircraft /glider while under the influence of alcohol or drugs

Yes  No

## Your duty in relation to the questions asked

In arranging your insurance, both we and your insurers will ask a number of questions which you are required to answer. Your insurance is a "consumer insurance contract" for the purposes of the Consumer Insurance (Disclosure and Representations) Act 2012 (the "Consumer Act"). That means it is an insurance wholly or mainly for purposes unrelated to your trade, business or profession. Under the Consumer Act, you have a duty to take reasonable care not to make a misrepresentation to the insurers.

Please note that any information provided to us shall be passed on to the insurers and we will not take any responsibility for the accuracy or completeness of such information. Please take reasonable care to answer all the questions asked by your insurers and us, whether through a risk questionnaire or otherwise, honestly, to the best of your knowledge, and provide complete, accurate and relevant details. If you make a misrepresentation to your insurers (whether innocently or otherwise), your insurers may be entitled to impose additional policy terms, or to reduce a claim payment, or even to cancel the policy and refuse all claims. If you make a deliberate or reckless misrepresentation, your insurers may cancel the policy and refuse all claims, and in these circumstances your insurers will be entitled to retain any premium paid by you. You should note that failure to comply with your insurers' request at renewal to confirm or amend particulars you have previously given may amount to misrepresentation which could prejudice your insurance cover in whole or in part.

Your insurance quotation is based on the information you have given us. If any of the information you have provided above changes either prior to inception or during the policy period you must notify us immediately. Updating and/or changing information will not automatically result in a change to your policy cover or the cost of insurance, but failure to notify us may invalidate your policy.

Signed:

Date:

Name:

Thank you for taking your time to complete this risk questionnaire.  
The information will be used for insurance purposes only.

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