



NORTHERN & WESTERN INSURANCE COMPANY, Ltd.

Registered Office Address:

Bldg. # 2, Nelson Spring Shopping Complex
 Nelson Spring, Nevis, West Indies
Office: (869) 469-7224 **Fax:** (786) 228-0613
Email: info@nwiconline.com

AVIATION INSURANCE APPLICATION

1. Name of main insured and any subsidiary/ affiliated companies who may operate the aircraft :						
2. Address :						
3. Telephone :						
4. Facsimile :						
5. Email :						
6. Name of the inquirer :						
7. Schedule of Aircraft:						
Item	Make/Model	Year	Reg. No	Serial No	Pax	Value
8. Limits required for Third parties / Passengers.						
Combines single limit (Third Parties / Passengers) US\$ _____ any one accident.						
or						
Third party legal liability US\$ _____ any one accident.						
Plus Passenger Legal Liability US\$ _____ any one person.						
9. Is there a Lien on the aircraft, if so with whom and amount? Please provide a copy of the insurance and indemnity provisions.						
10. Please provide copies of insurance and indemnity provisions of any contracts (I.E. Maintenance / Hangarage / Refuelling Etc.) and names of the contract parties.						



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11. Where is the operation based?					
12. Geographical areas of operation / Flight routes (with frequencies)					
13. Estimated number of hours to be flown during coming policy period.					
NEXT 12 MONTHS			HOURS PER AIRCRAFT		
14. Who will be maintaining the aircraft?					
15. How will aircraft usually be kept? (I.E. Hangared/Tied down/Open)					
16. Exact uses of Aircraft and estimated utilisation for each different use.					
17. Pilot Information / Experience – (Per pilot)					
	Pilot 1	Pilot 2	Pilot 3	Pilot 4	Pilot 5
Name –Date of Birth First-Sir-DDMMYR					
Licences / Rating Held					
Last Medical / ECG					
Hours / In command					
Hours / Make and model					
Total hours					



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Detail of any potential previous losses					
18. Details of all losses last three years and any events which may give rise to potential losses. Details of all losses last three years- Continued-					
19. Any other information which may be of interest to potential underwriters.					
20. Will Hull war risks coverage be required?					
21. If spares coverage is required, please advise the maximum value of any spares at risk at any one time / Location, with brief details of what spares consist.					
22. When will coverage be required to incept?					

The undersigned declares that, to the best of his knowledge, all the above information is true and correct and allows that it be used for the establishment of the policy he may buy.

Signed: _____



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Date: _____