



Questionnaire for aircraft insurance

1. General information

Policyholder _____
Addition to address (c/o) _____
Street, No. _____ P.O. Box _____
ZIP, City _____
Phone number _____ E-mail _____
Is there an insurance policy in place with AXA? no yes, policy No. _____
Document language German French English
Requested inception date _____ (dd/mm/yyyy)

2. Aircraft information

Category Piston engine aircraft Experimental/Homebuilt Ecolight/Ultralight
 Glider/Sailplane Powered glider Balloon
 Gyro Model/Drone _____
Registration _____
Manufacturer _____ Type _____
Year of construction _____ Max. take-off mass (MTOM) _____
Number of crew _____ Number of passengers _____
Number of engines _____ Aircraft home base _____
Operator (name, address) _____
Owner (name, address) _____
Use _____ h/year Hangar yes no
Leasing / Cession yes no Financial institute _____
Collision avoidance system yes no Tail wheel yes no
Glacier landings and/or floats yes no Basic training yes no
Member AAA yes no Aerobatics yes no
Member CAMO (Balloons) yes no Contract party _____
Competition flights except OLC (gliders) yes no No. competition flights per year _____
Operation Private/Business Club
Commercial usage Non commercial Commercial
Territorial scope Europe Worldwide (excl. USA/CAN) Worldwide (incl. USA/CAN)



3. Pilot qualifications

Motor driven aircrafts

		min. flight hours total	on type / class
<input type="checkbox"/> Any pilots with a PPL/LAPL, as well as any CPL/ATPL or IR or FI		_____ h	_____ h
<input type="checkbox"/> Any pilots with a CPL/ATPL or IR or FI		_____ h	_____ h
<input type="checkbox"/> Particularly indicated pilots with a PPL/LAPL, as well as any CPL/ATPL or IR or FI	License	min. flight hours total	on type / class
Name pilot 1: _____	_____	_____ h	_____ h
Name pilot 2: _____	_____	_____ h	_____ h
Name pilot 3: _____	_____	_____ h	_____ h
Name pilot 4: _____	_____	_____ h	_____ h
Name pilot 5: _____	_____	_____ h	_____ h
<input type="checkbox"/> The aircraft is always operated by two pilots (multi crew)			
<input type="checkbox"/> All pilots have at least 70h experience on aircrafts with tailwheel-type landing gear			

(Powered) gliders, balloons

		min. flight hours total	on type / class
<input type="checkbox"/> Any pilot with a SPL, PPL/LAPL(S/A), or BPL respectively		_____ h	_____ h
<input type="checkbox"/> Particularly indicated pilots with a SPL, PPL/LAPL(S/A), or BPL respectively, as well as any FI	License	min. flight hours total	on type / class
Name pilot 1: _____	_____	_____ h	_____ h
Name pilot 2: _____	_____	_____ h	_____ h
Name pilot 3: _____	_____	_____ h	_____ h
Name pilot 4: _____	_____	_____ h	_____ h
Name pilot 5: _____	_____	_____ h	_____ h

4. Liability Insurance

<input type="checkbox"/> Third party legal liability (TPLL)	Sum insured	CHF	_____
<input type="checkbox"/> Combined single limit CSL (combined TPLL and passenger liability insurance)	Sum insured	CHF	_____

5. Hull insurance

<input type="checkbox"/> Hull full flight risk insurance (FFR)	Sum insured *	CHF	_____
<input type="checkbox"/> Hull ground risk insurance (GRO)	Sum insured *	CHF	_____
Deductible per occurrence (min. 2,000 CHF)		CHF	_____
<input type="checkbox"/> Inclusion of war risks			

*sum insured must coincide with the current commercial value of the aircraft



6. Accident insurance

		per crew member		per passenger
<input type="checkbox"/> Death		CHF _____		CHF _____
<input type="checkbox"/> Disablement		CHF _____		CHF _____
<input type="checkbox"/> Daily allowance	as per ____ day	CHF _____		CHF _____
<input type="checkbox"/> Daily hospital allowance		CHF _____		CHF _____
<input type="checkbox"/> Medical expenses	unlimited for 5 years	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no

7. Claims

Losses in the past 5 years yes no
Date of loss _____ Amount of loss CHF _____
Description _____

8. Final declarations

- The applicant authorizes AXA to request for relevant information from authorities and third parties in order to make a risk assessment, especially from the previous insurer concerning the loss history.
- The applicant herewith confirms that the preceding information is complete and truthful and that AXA will immediately be advised of alterations of the described risk which may occur before inception of the contract. There is however no obligation to conclude a contract with AXA.

9. Comments

Contact

Phone: +41 (0)58 215 74 81, e-mail: luffahrt.ch@axa.ch
Address Winterthur: AXA Versicherungen AG, G1.115L, General-Guisan-Strasse 42, CH-8401 Winterthur
Address Lausanne: AXA Assurances SA, DD-2.622, Chemin de Primerose 11 – 15, CH-1007 Lausanne