

Questionnaire for quotation: Helicopter

Personal details of the insured person

Company
*Name / First name
*Street
*Post Code / Town
*E-mail
*Telephone
Fax No.

Start of cover

Details of the helicopter

Registration
Manufacturer / Model
Year of manufacture
Number of engines
Number of crew seats
Number of passenger seats
MTOM (Maximum Take-Off Mass) in kg
Based at
Damage within the last 5 years

Use of the helicopter

- Private
- Basic training
- Conversions (Type Rating)
- Advanced training and check flights
- Professional
- Photographic flights
- Primary rescue deployments
- Secondary rescue deployments
- Fire extinguishing flights
- Slung Cargo
- Logging
- Rental to private persons
- Chartering to other operators
- Other types of use

Minimum requirements for pilots

- Commercial flights
- Professional helicopter pilots with minimum rwh (rotor wing hours)
 - of which on turbine-powered helicopters
 - of which on model

Private flights

- Private helicopter pilots with minimum rwh
- Professional helicopter pilots with minimum rwh.....
- of which on turbine-powered helicopters
- of which on model

Basic training / Training

- Licensed flight instructor with minimum rwh
- of which on model

Insurance cover required

- Liability sum insured
- Hull insurance agreed value
- Desired Deductible

Personal accident insurance

For crew

- Capital sum insured in case of death
- Capital sum insured in case of disability
- Costs of medical treatment yes / no

For passengers

- Capital sum insured in case of death
- Capital sum insured in case of disability
- Costs of medical treatment yes / no

* required fields to be filled in.