



PROPOSAL FORM

Liberty Aviation - Excess Liability Insurance

Liability of the company does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938

1. Proposer's Name in full:							
2. Proposer's Address:							
3. Contact No. & Email Id:							
4. A. Proposer's business or occupation:							
4 B. PAN No:							
GSTN No:							
4 C. Bank Details:							
5. Details of aircraft to be insured							
Air Frame					Engines		
Passenger Seating Capacity					Number & Date of issue of last renewal of C of A	Number and Type	Maximum All Upweight of aircraft in Kgs
Make, Type & Series No.	Year of Construction	Licensed	Declared for the purpose of this Insurance	Registration/ Identification Marks			
6. Value of the aircraft							
Year of Purchase	Price Paid	Present value of the aircraft with standard instruments and equipment	Extra equipment and accessories fitted to or carried in the aircraft		Total Value of the aircraft for the purchase of insurance		
			Details	Value			
7. Purpose for which the aircraft will be used:							
8. Geographical limits for which mover is required:							
9. Will aircraft be flown at night?:							
10. By whom will the maintenance and running repairs be carried out							
11.. (a)Where will the aircraft usually be kept:							
(b) Is the aircraft normally kept in a hanger?:							
(c) If so, state type of construction of hanger:							
12. Will the aircraft be taxed by persons other than licensed pilots or competent licensed engineers? :							
13. Have you entered into any agreement with any party whereby liability is assumed or denied in respect of the operations of the aircrafts?: Is so, give details.							
14. Has any insurance company at any time,							
(a).declined your insurance proposal?:					Yes/No		
(b).cancelled or refused to renew your policy?:					Yes/No		
(c).required an increased premium or imposed any special condition? :					Yes/No		
If answer to (a) or (b) or (c) is "YES" please give details.							
15. Please state details of all accidents/ losses during last 5 years.							



	Date of Accident	Brief details of accident	Cost of estimate of repairs to Aircraft (Rs.)	Amount of liability claims incurred (Rs.)	
				Third Party	Passenger



16. Give details of pilot who will fly the aircraft.

	Pilot	Pilot	Pilot	Pilot	Pilot	Pilot
Name						
Age						
Type of aircraft flown						
Flying experience (in hours)						
(a) Total Day :						
(b) Total Night :						
(c) During last 3months:						
(d) On type & make of Aircraft proposed for Insurance:						
Current License						
(a)Date of expiry						
(b) Classification						
Details of accidents, if any, during last three years.						

17. Details of insurance required:

(A)SECTION I – LOSS OR DAMAGE TO THE AIRCRAFT	
Whether cover required :	Yes/No
If so, risks to be covered:	Flight/Taxying/Ground
(State “Flight”, “Taxying”, “Ground”, “Moored” as the case may be)	
(B)SECTION II – THIRD PARTY LIABILITY	
Whether cover required :	Yes/No
If so, Limit of Indemnity (any one accident & any one year) :	
(C)SECTION III – PASSENGER LIABILITY	
Whether cover required:	Yes/No
Limit of liability per passenger :	Rs. /- Each Person each Accident
Whether cover required on “Legal Liability”	Rs. /- Admitted Liability Basis
basis or “Admitted Liability” (voluntary settlement) basis	
Baggage Liability	
Whether cover required:	Yes/No
Limit of Indemnity per passenger :	Rs. /- per Passenger.
18. (a)Do you require Hull War Risks cover?:	Yes/N FULL WAR & SRCC COVER o,
(b) If full Hull War Risks cover is not required, do you require limited	
coverage for Malicious Damage/ Strikes,	
Riots & Civil Commotion/ Sabotage/ Hi-jacking?	
(c)Do you require cover for Deductible? :	Yes/No
(d)Do you require separate cover for Spares? :	Yes/No
If Yes, please specify Sum Insured separately for Storage & Transit risks	Rs_
19. Period of insurance	from _ to_

20. AML Details

Please provide Permanent Account Number (PAN) if premium amount exceeds IN 1 Lac

- ☐ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of our income OR
- ☐ We hereby declare that the premium is paid from the Bank Account of _____ (Company Name) the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Are You or any of the proposed applicants are Politically Exposed Person?



- ☐ Yes
☐ No

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

21. Consent

- *We agree to receive service related information from Liberty General Insurance and its service providers, through electronic and telecom modes including WhatsApp and further understand that no unsolicited information will be sent to me. The information/ data provided by me through this Proposal Form, to Liberty General Insurance and / or Liberty General Insurance authorized personnel / agency shall be stored by Liberty General Insurance, throughout the term of relationship with Liberty General Insurance and used for the purpose relating to our proposal for insurance cover and/or servicing policies issued in our favour, whether by LGICL or its authorized partners. We also understand that the said storage is necessary for our consumption of the services and consent to not hold Liberty General Insurance and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.*
- *We hereby give consent to Liberty General Insurance to collect, use, process, and share the information collected in the proposal form for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by empanelled third-party vendors* o Yes / o No
- *We hereby extend our consent to the Company for sharing information collected in proposal form with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the said information).*
- *We hereby consent to the collection, use and disclosure of our information collected in the proposal form for the assessment of this application and in accordance with Liberty General Insurance Privacy Notice ('Privacy Notice') available at <https://www.libertyinsurance.in/> which I have read, understood and agree to the contents of the Privacy Notice.*
- *I would like Liberty Aviation Excess Liability Insurance and related information in*
 - ☐ Physical Format
 - ☐ Electronic Format

We declare to the best of my/our knowledge and belief the above statements are true and that no material information has been withheld. Signing this form does not bind the proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.
(This form is only indicative in nature and additional information if necessary would be sought from the proposer)

Signature :

Date:

Designation:

We would remind you that it is your duty to disclose all material facts to Liberty General Insurance Company Limited. A material fact is one which would influence the judgement of a prudent insurer in his consideration of the risk. Any material change in facts previously disclosed in connection with the insurance should be advised to use if the coverage is to be amended or if the period of cover is to be extended at renewal. If you are in any doubt whether a fact is material you should disclose it. Insurers may have grounds for avoiding the insurance or you may have prejudiced your rights to recover in the event of a claim if it transpires that there has been a failure of make such a disclosure.

Insurance Act,1938, Section 41-Prohibition of Rebates

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten (10) Lakh rupees.