

IMPORTANT INFORMATION  
please read this first

# aircraft aerial application liability insurance

## proposal form

### Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

### Non-disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

**Section 1 proposer details**

Name of Proposer

Address   
  
 Postcode

Telephone Number ( )

Fax Number ( )

Mobile Number

Email Address

Description of business or operation

Period of insurance:  
 From  /  /  at  am/pm  
 To  /  /  at  am/pm

Does the proposer currently comply with all regulatory requirements affecting the business or operation.  
 No  Yes

Has the proposer ever been convicted of any breach of such requirements?  
 No  Yes  If so, please provide details

Do you own and operate the aircraft described in section 2 of the proposal? If not, please provide detail of ownership and/or operation.

Has the proposer or operator been engaged in or conducted operations involving agricultural aerial application of chemicals or fertilizers in the past?  
 No  Yes  If yes, please provide the:

Name of the operator or business

Length of time in business or operation

Type of chemicals or fertilizer applied

Nature or type of crops

Is the proposer a member of an agriculture aviation association?  
 No  Yes  If yes, please provide details:

**Section 2 detail of aircraft**

	Aircraft 1	Aircraft 2	Aircraft 3	Aircraft 4	Aircraft 5
Make and model of aircraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration mark	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hours flown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hopper capacity (kg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Smoke generator fitted?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Estimated use in period of insurance (hrs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated night spraying use in period of insurance (flying hours)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location of aircraft (base)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the aircraft hangared?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Range of operation of aircraft	<input type="text"/>				
	<input type="text"/>				

**Section 3 pilot qualifications and experience – required for all pilots who will operate the aircraft**

Detail required	Pilot 1	Pilot 2	Pilot 3
Name of pilot			
Age of pilot			
Type of licence			
Ratings			

  

Flying experience in command (flying hours)	Fixed wing	Rotor wing	Fixed wing	Rotor wing	Fixed wing	Rotor wing
Total flying experience						
Last 12 months						
Last 90 days						
Piston engined aircraft – single						
Piston engined aircraft – multi						
Turbine engined aircraft – single						
Turbine engined aircraft – multi						
Make(s) and model(s) proposed – total						
Make(s) and model(s) proposed – last 90 days						
Agricultural aerial application						

**Section 4 pilot(s) record**

Has any pilot who will operate any of the proposed aircraft...

Ever had their pilot's licence suspended or cancelled?

No  Yes  Please provide details

  


Ever been convicted of a breach of Air Navigation safety regulations?

No  Yes  Please provide details

  


Ever been involved in an aircraft accident in past 5 years?

No  Yes  Please provide details

  


Ever been convicted of driving a motor vehicle while under the influence of drugs or alcohol during the past 5 years?

No  Yes  Please provide details

  


**Section 5 pilot warranty**

If pilots are not able to be named, please indicate your preferred pilot warranty.

  
  
  


**Section 6 amount of cover**

Limit of liability required in respect of legal liability to pay damages for bodily injury and property damage caused by an occurrence

\$

**Section 7 previous insurance**

Has the proposer (personally or as a partner or director of a company) previously held a policy of insurance covering liabilities in respect of the business or operation

No  Yes  If yes, please provide details

  
  


Has any such insurance been cancelled or declined or has any renewal been refused?

No  Yes  If yes, please provide details

  
  


Please provide details of all claims or incidents arising from liability insurance policy(s) covering the business or operation in the last 5 years.

  
  


Has the proposer or operator ever been convicted of a breach of the Air Navigation Act or its regulations?

No  Yes  If yes, please provide details

## Privacy Statement

The Privacy Act 1988 (Cth) (as amended) now applies and requires us to inform you that:

### Purpose of Collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- providing insurance services to you,
- evaluate your application,
- evaluate any request for amendment to any insurance provided,
- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

### Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other members of the group of companies to which we belong,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claim investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

### Consequences if Information is not Provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

### Access

You can request access to the personal information we hold about you by contacting us at the address shown on this proposal form.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

### Privacy Statement issued

Vero Insurance Limited, GPO Box 3999, Sydney NSW 2001.

## Code of Practice

We have adopted the General Insurance Code of Practice. Please contact us for more information.

## Declaration

### Declaration by Proposer

I/We acknowledge and declare that the answers and statements in this application are correct to the best of my/our knowledge and belief and that no information has been withheld which may affect the insurer's decision to accept this application or the terms of the proposed policy.

I/We also consent to:

- the use of personal information about me/us for the purposes shown in the Privacy Statement; and
- the disclosure of personal information about me/us to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

I/We confirm that if I/we have disclosed personal information about any other person, I/we am/are authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclose to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of those purposes.

Signature

Date