



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. Pilot qualifications

Open pilot warranty
 License minimum requirement
 PPL, CPL / ATPL, LAPL, SPL, BPL, UL (with SPL / PPL), only UL-License
 FI/CRI Total flight hours Flight hours in class
 yes 0-150 151-500 more than 500 0-50 51-150 151-300 more than 300

Named pilots*

First name / Last name	Year of birth	License**	FI/CRI	Total flight hours	Flight hours in class
_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> 0-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> more than 500	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-150 <input type="checkbox"/> 151-300 <input type="checkbox"/> more than 300
_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> 0-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> more than 500	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-150 <input type="checkbox"/> 151-300 <input type="checkbox"/> more than 300
_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> 0-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> more than 500	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-150 <input type="checkbox"/> 151-300 <input type="checkbox"/> more than 300
_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> 0-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> more than 500	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-150 <input type="checkbox"/> 151-300 <input type="checkbox"/> more than 300
_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> 0-150 <input type="checkbox"/> 151-500 <input type="checkbox"/> more than 500	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-150 <input type="checkbox"/> 151-300 <input type="checkbox"/> more than 300

*FI, CRI and Examiner are deemed to be included in the insurance in the performance of their functions and do not need to be mentioned by name.

**Options Licenses: PPL, CPL / ATPL, LAPL, SPL, BPL, UL (with SPL / PPL), only UL-License

Age of pilot

All insured pilots are under the age of 70 years
 Pilots over the age of 70 are always accompanied by a Safety Pilot*
 No restrictions for pilots over the age of 70 years

*Definition of safety pilot: under the age of 70 years and has the required licenses and ratings

Training status (recency)

Powered Aircraft

All insured pilots have completed at least 12 landings or a check flight on the respective aircraft class during the past 24 months*
 12 months
 6 months
 3 months

Glider / TMG

All insured pilots have completed at least 15 landings on gliders (12 landings for TMG) or a check flight during the past 24 months*
 12 months

*according to the legal minimum



3. Aircraft information

Registration _____ Serial number _____
Manufacturer _____ Type _____
Year of construction _____ Max. take-off mass (MTOM) _____
Minimum Crew _____ Number of passengers _____
Number of engines _____ Aircraft home base (Airport) _____
Operator (name, address) _____
Owner (name, address) _____
Leasing / Cession yes no Financial institute _____

Powered Aircraft

Special category None
 Experimental Homebuilt Antique Ultralight / Ecolight
 Gyrocopter
Average annual usage 0-50 51-100 101-200 over 200 hours
Hangar yes no
Tail wheel yes no
 All insured pilots have logged a minimum of 100 landings on aircraft with a tailwheel.
Retractable landing gear yes no
 All insured pilots have logged a minimum of 100 landings on aircraft with retractable landing gear.
Collision avoidance system yes no
Electric propulsion yes no

Utilization

Territorial validity Europe Worldwide (excl. USA/Canada) Worldwide (incl. USA/Canada)
Type of flights Private Commercial
Basic training yes no (Retraining and further education are always insured)
Landings on glaciers incl. altiports yes no
Altiport landings yes no
Water landings yes no
Glider train yes no
Parachute operations yes no
Photo, film & survey flights yes no
Aerobatics not below minimum altitude yes no
Aerobatics below minimum altitude incl. airshows yes no



Glider

- Special category None
 Experimental Homebuilt Antique TMG
- Collision avoidance system yes no
- Electric propulsion yes no

Special risks

- Territorial validity Europe Worldwide (excl. USA/Canada) Worldwide (incl. USA/Canada)
- Basic training yes no
- Competition flights* yes no

*Participation in decentralized competitions (e.g. OLC, WeGlide), however, is always covered by the insurance.

Balloon (no Hull Insurance)

Special risks

- Territorial validity Europe Worldwide (excl. USA/Canada) Worldwide (incl. USA/Canada)
- Type of flights Private Commercial
- Basic training yes no

4. Liability Insurance

- | | | | |
|---|-------------|-----|-------|
| <input type="checkbox"/> Third party legal liability (TPLL)
gegenüber Dritten auf der Erde | 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"/> Medical expenses	max. 1,000,000 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

Important information

AXA processes personal data in compliance with the applicable statutory provisions and provides information, in particular, on the purpose of the data processing, type of data collection, recipients and storage of data at [AXA.ch/data-protection](https://www.axa.ch/data-protection). AXA stores the personal data obtained to prepare a quote or an application for five years from the date of issue; this also applies in the event that the insurance contract is not concluded.

For the purpose of simplifying administration, the data may be shared as part of the contract processing with other companies of the AXA Group or commissioned partners, or may be forwarded to them.

Contact

E-mail: luffahrt.ch@axa.ch
 XL Insurance Company SE, Dublin, Zürich Branch (AXA XL), Ernst-Nobs-Platz 7, CH-8004 Zurich
 AXA Assurances SA, UW Aviation, DD-3.622, Chemin de Primerose 11, Case postale, CH-1001 Lausanne