

**Professional Indemnity and Aviation Liability
Insurance Proposal Form**

Aviation Testing Officers & Flight Instructors



**Aviation Insurance
Australia**

About Us

Aviation Insurance Brokers of Australia Pty Ltd was acquired by Arthur J. Gallagher & Co (Aus) Limited in December 2022. To find out more about Gallagher visit www.ajg.com/au/about-us.
ABN: 34 005 543 920
AFSL: 238312

Important Notices

These notices outline your rights and obligations in relation to entering into an insurance contract. Please carefully read this information and if you do not understand it or have further questions please contact your broker immediately. [Click here to access our Important Notices.](#)

Your Duty of Disclosure

Before you enter into an insurance contract which is not a consumer insurance contract, you have a duty under the Insurance Contracts Act 1984 to tell your insurer anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

At renewal, the insurer may ask you to advise it of any changes to something you have previously disclosed, or may give you a copy of the information you previously disclosed and ask you to advise the insurer if there has been a change. If you do not tell the insurer about a change, you will be taken to have told the insurer there is no change.

You do not need to tell the insurer anything that reduces the risk the insurer insures you for if:

- it is common knowledge;
- the insurer knows or should know as an insurer; or
- the insurer waived your duty to tell it about

If you do not tell the insurer anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both.

If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in doubt about whether or not a particular matter should be disclosed, please contact your broker.

Financial Services Guide

Please download Gallagher's Financial Services Guide.

Please read this document as it contains details of Gallagher's service, privacy statement and your duty of disclosure and how Gallagher handles your personal information.

For more information, visit [Gallagher Brokerage Legal and Regulatory Information](#).

1. Please state the full name of all entities and persons to be insured (collectively referred to in this form as the "Proposer")

2. Address (please provide a street address only)

Street	City	
State	Country	Postcode

3. ABN

4. Please advise the approximate percentage of your fee income generated in the last financial year from the following activities.

Disciplines	% of Fee Income
Aviation Testing Services	<hr/> %
Flight Instructing Services	<hr/> %
Other	<hr/> %

If "Other", please specify:

5. What year did the Proposer first commence Aviation Testing or Flight Instructing Services?

6. Do you earn less than \$250,000 per annum from Aviation Testing and/or Flight Instruction Services?

Yes ☐ No ☐

If "No", please advise your annual income from these activities.

7. Please provide a breakdown as to where Aviation Testing and/or Flight Examination activities in the last financial year were undertaken:

ACT	%	NSW	%	NT	%
QLD	%	SA	%	TAS	%
VIC	%	WA	%	Overseas	%

8. Please provide the following information:

Name	<hr/>	
Age	<hr/>	
Type of Licence	CPL <input type="checkbox"/>	ATPL <input type="checkbox"/>
Ratings	Fixed Wing <input type="checkbox"/>	Rotor Wing <input type="checkbox"/>
Total Flying Experience:		
Last 12 months	<hr/>	
Last 90 Days	<hr/>	
Piston engine aircraft – single	<hr/>	
Piston engine aircraft – multi	<hr/>	
Turbo prop – single	<hr/>	
Turbo prop – multi	<hr/>	
Jet – below 5700kg	<hr/>	
Jet – above 5700kg	<hr/>	
Specialist:		
Flight Training	<hr/>	
Aerial Agriculture	<hr/>	
Mustering	<hr/>	
Aerobatic	<hr/>	
RPT – low capacity	<hr/>	
RPT high capacity	<hr/>	
Expected Flying Hours Per Annum:		
Flight Instruction	<hr/>	
Flight Testing	<hr/>	
Number of Flight Tests	<hr/>	

9. Has the Proposer ever had any insurance policy cancelled, entitlement to indemnity under any insurance policy denied, or otherwise affected due to non-disclosure, misrepresentation or non-payment of premium?

Yes ☐ No ☐

If "Yes", please provide date and details including outcome.

10. Has any partner, director or employee of the Proposer ever been subject to any inquiry or disciplinary proceedings? Yes ☐ No ☐

If "Yes", please provide date and details including outcome.

11. Has a professional indemnity and/or aviation liability claim ever been made against the Proposer (or any previous company name used by the Proposer), or any past or present partner, director or employee of the Proposer? (If more than one, please provide details via attachment). Yes ☐ No ☐

If "Yes", please provide details:

Year Notified

Status of Claim

Open ☐ Closed ☐

Amount Paid

\$

Outstanding Reserve

\$

Amount Claimed

\$

Details

12. Is the Proposer including any of its partners, directors or employees aware of any facts which might give rise to a professional indemnity and/or aviation liability claim against any of them? (If more than one, please provide details via attachment). Yes ☐ No ☐

If "Yes", please provide details:

Date Notified

Potential Loss Amount

\$

Details

Please specify the Limit of Liability Professional Indemnity for which you would like a quotation:

- a) \$1 Million ☐
- b) \$2 Million ☐
- c) \$5 Million ☐

14. Please specify the Limit of Aviation Liability for which you would like a quotation:

- a) \$1 Million ☐
- b) \$2 Million ☐
- c) \$5 Million ☐

Please note that the Limit of Liability applies separately to each section of the policy – Professional Indemnity and Aviation Liability.

Declaration

(To be signed by a principal, partner or director.)

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all persons and entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am obliged to inform Insurers of any changes to any information supplied or of any new information that is relevant;
- that I understand Insurers rely on the accuracy of the information and documentation supplied in proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by the Insurers, if any.

Signed _____

Print Name _____

Title _____

Dated _____

Preferred Contact Details

Email _____

Phone _____