



AERONAUTICAL ENGINEERS

PROFESSIONAL INDEMNITY, PUBLIC LIABILITY & EMPLOYER'S LIABILITY PROPOSAL FORM

You must complete all questions and sign and date this Proposal form clearly in ink.

1. a) Name of Company:
- b) Contact Name:
- c) Date Established
- d) Address (including branch address):
.....
- e) Telephone Number:
- f) Mobile Number:
- g) Email Address:
- h) Number of Employees:.....

2. Please confirm if CAA Approved Yes: No:

If so please state Licence Category.....

3. Please give the amount of income for the last 3 financial years (if applicable) together with an estimate for the forthcoming 12 months:

Year		UK	USA/Canada	Rest of World	Total
20	(Last Year)	£	£	£	£
20	(Current Year)	£	£	£	£
20	(Est' next year)	£	£	£	£



4. Are any of the Directors, AFTER ENQUIRY, aware of any claims and/or circumstances, which may or have give/n rise to a claim against the Company or its predecessors in business? The answer to this question must also reflect the Public Liability and Employer's Liability Insurance, as well as the Professional Indemnity Insurance. Yes: No:

If Yes, please provide full details:

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.....

PLEASE ENSURE AN UP TO DATE COPY OF YOUR C.V. IS ATTACHED TO THIS FORM

It is your duty to disclose ALL MATERIAL FACTS to Underwriters. A Material Fact is one, which is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it also should include any change in the facts previously advised to Underwriters. If you are in doubt as to whether or not the facts are considered material, you should disclose them.

I/We declare on behalf of the Company that the statements and particulars in this proposal and any appendix or supplementary questionnaire attaching are true and that I/we have not mis-stated nor suppressed any Material Facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Signature (in ink) of Director:

Full Name (Please Print):

Dated:

Signing this Proposal Form does not bind either the Proposer or the Underwriter to complete a contract of insurance.

A copy of this Proposal Form should be retained for your records.

Important Notes:

- a) **Please answer all questions.**
- b) **Sign in ink and date this proposal.**
- c) **Please attach a copy of CV per Licensee and a copy of your Standard Terms of Business**

The insurance coverage, unless otherwise noted on the Policy Schedule with which you - as the Insured - will be provided, is for Professional Indemnity, Public Liability, and Employer's Liability.

The aggregate limit for Professional Indemnity is £1,000,000. The limit for Public Liability and Employer's Liability is £1,000,000 and £5,000,000 per occurrence respectively.