

Hot Air Balloon Proposal Form



GENERAL

Name of Insured:

Name of any additional interested party, if any

Nature of such interest eg Sponsor, Bank etc:

Policyholder Address:

Postcode:

Yes

No

BBAC member ?

BBAC membership No.

BABO membership No:

Work Tel:

Work Fax:

Mobile/Home Tel

e-mail address:

Existing Insurers:

Start Date / Due Date:

May we remind you that it is your responsibility to maintain in force all relevant permits, licences and Certificates of Airworthiness for the duration of the policy.

DECLARATION

I/We declare that to the best of my/our knowledge or belief the particulars and statements given in this proposal and any additional information provided are true and complete and that this proposal and declaration shall be the basis of the standard contract between me/us and Liberty Mutual Insurance Europe SE. I/We agree to accept the Company's standard form of policy and endorsements for this insurance.

Signature:

Position:

Date:

DETAILS OF MAIN BALLOON

Make & Model: Of Balloon Size: Maximum Take Off Mass:

Registration No: Year Of Make:

Total Hours: Artwork Details:

DETAILS OF SECOND BALLOON

Make & Model: Of Balloon Size: Maximum Take Off Mass:

Registration No: Year Of Make:

Total Hours: Artwork Details:

DETAILS OF THIRD BALLOON

Make & Model: Of Balloon Size: Maximum Take Off Mass:

Registration No: Year Of Make:

Total Hours: Artwork Details:

APPROXIMATE VALUES £

	<u>Main balloon</u>	<u>2nd balloon</u>	<u>3rd balloon</u>
Balloon:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trailer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other ground equipment:	<input type="text"/>	<input type="text"/>	<input type="text"/>
If 2 or more envelopes share the same basket, please give the bottom end value	<input type="text"/>	How many balloons will be in the air together?	<input type="text"/>

Please list the security measures used when the balloon is in store and when at an event.

LIABILITY

The policy provides both Third Party and Passenger Legal Liability in a combined single limit (CSL) arrangement. The CSL must be no less than the sum of the individual minima required under EU785/2004, as below:

Minimum Third Party Legal Liability (TPLL)

<u>MTOM*</u>	<u>Minimum TPLL In SDRs**</u>	<u>Minimum TPLL (approximate Sterling equivalent**)</u>
<500 Kg	750,000	£700,000
<1,000 Kg	1,500,000	£1,400,000
<2,700 Kg	3,000,000	£2,800,000

* MTOM – Maximum Take Off Mass – which corresponds to a certified amount, as stated in the Certificate of airworthiness or Flight Manual

** SDR – Special Drawing Rights – an international currency unit defined by the International Monetary Fund. One SDR is approximately equivalent to 92.5 pence (at April 2014 rate of exchange, per FT)

Minimum Passenger Legal Liability – (PLL)

250,000 SDRs x maximum number of passengers (but 100,000 SDRs per passenger in respect of non-commercial operations by balloons with an MTOM of less than 2,700 kg)

The minimum CSL required under EU785/2004 will be the total of TPLL and PLL as above.

	Yes ✓	No ✓	
Do you require a limit higher than the legal minimum?	<input type="checkbox"/>	<input type="checkbox"/>	
If "Yes" please state limit required for each balloon	Main Balloon		<input type="text"/>
	2nd Balloon		<input type="text"/>
	3rd Balloon		<input type="text"/>
Please state maximum number of passengers carried (excluding pilot)	Main balloon	2nd balloon	3rd balloon
	<input type="text"/>	<input type="text"/>	<input type="text"/>

PILOTS ETC.

<u>Name</u>	<u>Age</u>	<u>Rating</u>	<u>P1 Hours</u>	<u>3 Year Claims History</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require cover for unnamed P u/t's? Yes ✓ No ✓

Do you require cover for unnamed pilots with over 50 hours P1 experience? (Not available for Public Transport Balloons) Yes ✓ No ✓

Please describe any claim more fully :

Do you wish the insurance to be restricted to **one** pilot only? Yes ✓ No ✓

(a discount of 10% is available to private pilots with 50 hours P1 experience and commercial pilots with over 250 P1 hours)

If Yes, please give name:

USE

	Yes ✓	No ✓
Private & Pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Tethering	<input type="checkbox"/>	<input type="checkbox"/>
Aerial Work	<input type="checkbox"/>	<input type="checkbox"/>
Night Glows	<input type="checkbox"/>	<input type="checkbox"/>
Passenger Hire Or Reward	<input type="checkbox"/>	<input type="checkbox"/>
Instruction For Hire Or Reward	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>

Estimated number of flights per annum:

Main balloon	2nd balloon	3rd balloon
<input style="width: 120px; height: 30px;" type="text"/>	<input style="width: 120px; height: 30px;" type="text"/>	<input style="width: 120px; height: 30px;" type="text"/>

Main Area Of Use:

UK only	UK and Europe	Mainly overseas
<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>

The standard policy provides cover on a comprehensive basis which includes damage to the balloon during flight. Do you wish cover to exclude flight risk damage?

Yes ✓	No ✓
<input type="checkbox"/>	<input type="checkbox"/>

Do you wish cover on the balloon equipment to be totally excluded, in the air and in store?

Yes ✓	No ✓
<input type="checkbox"/>	<input type="checkbox"/>

We can offer discounts for a limited flights policy. The options are up to and including 10 flights and up to and including 20 flights.

Please advise if you wish us to quote for either option

Up to 10 flights:
(35% discount)

Yes ✓	No ✓
<input type="checkbox"/>	<input type="checkbox"/>

Up to 20 flights:
(20% discount)

Yes ✓	No ✓
<input type="checkbox"/>	<input type="checkbox"/>

Up to 30 flights:
(7.5% discount)

Yes ✓	No ✓
<input type="checkbox"/>	<input type="checkbox"/>

The standard policy excess is £250 for private and aerial work balloons and £500 for public transport balloons. For a 10% discount, do you wish this to be doubled?

Yes ✓	No ✓
<input type="checkbox"/>	<input type="checkbox"/>

WE ALSO INSURE BUSINESSES OF ALL SORTS, CARS AND HOMES

Would you like me to quote on:

	Yes ✓	No ✓	Renewal date (<i>if known</i>)
Household insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Motor insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Business Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

When you have completed this form, please email it back to us at insure@jbennett.co.uk



J. Bennett & Son (Insurance Brokers) Ltd
Unit 9, North's Estate
Old Oxford Road
Piddington
HIGH WYCOMBE
Bucks HP14 3BE

☎ (01494) 450450
insure@jbennett.co.uk
www.jbennett.co.uk

PREMIUM PAYMENT

You can pay the premium in the following ways:

- **By one cheque.**

Make the cheque payable to J. Bennett & Son, for the full premium due.

- **BACS**

Bank Details: 40 51 62 Account Number 26926103

- **By debit/credit card.**

Please complete the debit/credit card slip below.

Credit/Debit Card Payment Details	
We accept Mastercard/Visa/Delta/Maestro	
Card No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date (mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Maestro – Issue No <input type="text"/> <input type="text"/>
Security Code (see reverse of your card)	<input type="text"/> Start Date (mm/yy) (If shown on card) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name & Address Of Cardholder (if different from proposer)	
Name:	_____
Address:	_____
	_____ Postcode: _____

- **By instalments over 6 months.**

This is subject to application form acceptance by a premium loan finance company. Ask our accounts department for a quotation.