

Application Aircraft Insurance

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Name of insured:						
Address:	Postal code	City	Country			
Contact person:			•			
	Insurance inception date:					
Applicant is: Owner Part-owner						
Information regarding the aircraft						
Serial number:	_ A/C registration:	Year of manufa	cture:			
Type of aircraft:						
☐ Hot-air baloon ☐ F	Piston, fixed wing Busines					
_ · · · _	alight aircraft UAS (Specify	authorization number in A	dditional information on page 2			
	MG	Δ				
Manufacturer:						
Model:		[_] Sin	gle engine 📋 Multi engine.			
Type of landing gear: ☐ Wheels ☐ Set	kis 🗌 Floats Max. take-off	weight (MTOW):				
Crew (no. of seats): Passer	ngers (no. of seats):					
Hull value – Amount of insurance requested: Currency:						
Any unrepaired damage to the aircraft?	☐ Yes ☐ No (If yes, s	pecify in Additional info	rmation on page 2)			
Responsible maintenance organization	(s):					
Parking at base:	☐ Hangared ☐ Outdoors	☐ Tied down ☐ I	Not tied down			
Uses:						
	☐ Commercial ☐ Charter					
	☐ Flight training ☐ Airshow		_			
	☐ Private, no named pilots☐ Other (Specify in Additiona		, ,			
	L Other (Opening in Additional	i ii.ioiiiiauoii oii page z	•/			
Estimated flight hours / year:						



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Pilot information					
Pilot 1, Name:		Age:	Type of license:	Total flight hours:	
Flight hours last year:	_ Hours on actual m	ake and mode	l: Incider	nts / Accidents last 5 years 🗌 Yo	es 🗌 No
Pilot 2, Name:		Age:	Type of license:	Total flight hours:	
Flight hours last year:	_ Hours on actual m	ake and mode	l: Incider	nts / Accidents last 5 years 🗌 Yo	es 🗌 No
Pilot 3, Name:		Age:	Type of license:	Total flight hours:	
Flight hours last year:	_ Hours on actual m	ake and mode	l: Incider	nts / Accidents last 5 years 🗌 Ye	es 🗌 No
Pilot 4, Name:		Age:	Type of license:	Total flight hours:	
Flight hours last year:	_ Hours on actual m	ake and mode	l: Incider	nts / Accidents last 5 years 🗌 Ye	es 🗌 No
Additional information					
City and date:			Signature:		

Please send application to: HDI Global Specialty SE, P.O. Box 22085, SE-104 22 Stockholm, Sweden or send a signed and scanned copy to: ga.stockholm@hdi-specialty.com

Information about HDI Global Specialty SE's processing of personal data

Data Controller: HDI Global Specialty SE. Scandinavian Branch, Reg.nr. 516402-6345, P.O.Box 22085, SE-104 22 Stockholm, Sweden ("HDI Global Specialty SE").

Data Protection Officer: Karsten Koch (karsten koch@hannover-re.com)

Categories of personal data and sources

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The categories of personal data processed by HDI Global Specialty SE from the policyholder or his or her representative. Information on an individual's health condition may need to be obtained from a healthcare provider in connection with the settlement of an incurred loss. The collection of medical information is always done by proxy from the person to whom the information relates or from the parent if the information concerns a child Purpose and legal basis for processing. The personal data are processed by HDI Global Specially SE for the following purposes and on the following legal basis for this is performance of a contract (Article 6.1b. Regulation (EU) 20.16/679 (GDPR) of the European Parliament and of the Council). For this purpose, data is stored as long as claims based on theinsurance contract each be made against or by HDI Global Specially SE to the order of the processed by HDI Global Specially SE to the order of the processed in processed by HDI Global Specially SE to provide since a contract (Article 6.1c. GDPR). For this purpose, data is stored as long as the insurance contract is in force and during an appropriate period thereafter. In order for HDI Global Specially SE to the restrict of the processed in accordance with the applicable legislation. Legal basis for this processed by HDI Global Specially SE to the provider in force and during an appropriate period thereafter. In order for HDI Global Specially SE to the provider in order for HDI Global Specially SE to the provider in force for HDI Global Specially SE to the processing is compliance with legal obligation (Artic

Name in block letters: _