



Proposal for Aircraft Insurance

Broker

AQUARIUS
INSURANCE CONSULTANTS



CK 2001/08750/23
8 Munday Avenue
Monks Hill
Bedfordshire, UK

General Information

1 Full name of Proposer _____

Occupation _____ Age _____

2 Residential address of Proposer _____

3 Postal address of Proposer _____

4 Period of Insurance: From _____

_____ To _____

5 Are you now or have you been insured in respect of any aircraft? Yes / No _____

If so, state name of company: _____

Renewal Date: _____

6 Have you ever sustained an aviation related loss? Yes / No _____

If so, state particulars _____

7 Has any company or underwriter: _____

(a) Declined your proposal? Yes / No _____

(b) Increased your premium or imposed special conditions? Yes / No _____

(c) Cancelled or refused to renew your policy? Yes / No _____

If so, please provide name of Insurer and policy number _____

8 How long have you owned and operated an aircraft : _____

The Aircraft Hull details

1. Make, type and serial number _____

2. Number and type of engines _____

3. Registration marks _____
4. Year of manufacture _____
5. Seating capacity excluding pilot _____
6. Retractable undercarriage _____ **Yes / No**
7. Nose / Tail wheel version _____
8. Date of purchase _____ **Price R** _____ **excluding/including VAT**
9. Insured value R _____ **excluding/including VAT**
10. Anticipated flying time during period of insurance _____ **hours**

Use of the Aircraft

1. Private business and pleasure _____ **Yes / No**
2. Commercial flying _____ **Yes / No**
3. Hire for reward to other pilots for their private business and pleasure _____ **Yes / No**
4. Flying instruction:
 - (a) abinitio _____ **Yes / No**
 - (b) advanced _____ **Yes / No**
 - (c) conversion-to-type _____ **Yes / No**
5. Dropping of parachutists _____ **Yes / No**
6. Aero clubs (list scope of activities under item 15) _____ **Yes / No**
7. Aerial survey / photography _____ **Yes / No**
8. Aerial ambulance _____ **Yes / No**
9. Flying doctor service _____ **Yes / No**
10. Aerial agriculture _____ **Yes / No**
11. Power line patrol _____ **Yes / No**
12. Sales & demonstration:
 - (a) including instruction _____ **Yes / No**

(b) excluding instruction Yes / No

13 Industrial Aid Yes / No

14 "Air Commando" flying Yes / No

15 Any other use please specify

Pilots who will fly the aircraft

1 Name Age

(a) Licence

(b) Aircraft flying hours (all aircraft): Total Dual Total Solo

(c) Aircraft flying hours (this type): Total Dual Total Solo

(d) Date and details of any flying accidents or offences (If space is insufficient use separate sheet)

2 Name Age

(a) Licence

(b) Aircraft flying hours (all aircraft): Total Dual Total Solo

(c) Aircraft flying hours (this type): Total Dual Total Solo

(d) Date and details of any flying accidents or offences (If space is insufficient use separate sheet):

3 Name Age

(a) Licence

(b) Aircraft flying hours (all aircraft): Total Dual Total Solo

(c) Aircraft flying hours (this type): Total Dual Total Solo

(d) Date and details of any flying accidents or offences (If space is insufficient use separate

sheet) _____

- 4 Name _____ Age _____
- (a) Licence _____
- (b) Aircraft flying hours (all aircraft): Total Dual _____ Total Solo _____
- (c) Aircraft flying hours (this type): Total Dual _____ Total Solo _____
- (d) Date and details of any flying accidents or offences (If space is insufficient use separate sheet): _____

If more than four pilots, please use separate sheet.

Including CAA approved pilots for contingency purposes (e.g. certificate of airworthiness, test flight after service / overhaul, etc.)

Limits Section

- 1 Accidental damage to the aircraft _____
- (a) Full flight and ground risks, **or** _____ R _____
- (b) Ground risks only _____ R _____
- 2 Third party liability Any one accident _____ R _____
- 3 Legal liability to passengers _____
- (a) Per passenger any one accident _____ R _____
- (b) In all any one accident _____

2 and 3 **Combined single limit** (third party and passenger legal liability) R _____

Financial Obligations

- 1 Are you the sole owner of the aircraft? _____ Yes / No _____
- 2 State name of any person, firm or company having a financial interest in or a lien on the aircraft _____

3 Does the lienholder require breach of warranty cover in respect of such interest? _____

Yes / No _____

If so, state _____

(a) Amount of lien, i.e. outstanding balance (NB excluding finance charges) R _____

(b) Number of installments outstanding and _____
date of last installment _____

(c) Amount of each installment _____ R _____

Miscellaneous

Please state

1 Address where aircraft will be based _____

(a) Construction of hangar _____

(b) _____

(c) Details of precautions against fire _____

2 Geographical Limits _____

(a) Standard _____ Yes / No _____

The Republic of South Africa and bordering countries excluding Lesotho other than north
and west of a line joining Quthing, Mhaleshoek, Roma and Libono. _____

(b) If "No" to (a), please state other _____

3 Is the aircraft of standard production type? _____ Yes / No _____

If not, please give details of any special features or modifications in design or materials _____

- 4 Will the aircraft land on or take off from any unlicensed aerodrome? Yes / No _____
- 5 Will night flying / take offs / landings be undertaken? Yes / No _____
- 6 What maintenance facilities are available?

- 7 Will professional aircrew be employed? Yes / No _____

Declaration

I/We hereby declare that the foregoing particulars are true and complete to the best of my/our knowledge and belief and I/we agree that this declaration and the answers given herein and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of, and incorporated in, the contract between me/us and the company. I am/we are prepared to accept insurance on the terms and conditions set forth in the Policy issued by the Regent Insurance Company Limited, and agree to pay the Regent Insurance Company Limited, and agree to pay the Regent Insurance Company Limited the total amount of premium payable, forthwith upon request.

Signature of Proposer _____ Date _____
(company stamp required where applicable)

The liability of the Insurer does not commence until acceptance of this Proposal and the issue of the Policy (unless otherwise agreed).