

«AIRCRAFT FLEET MULTI-RISK » APPLICATION FORM

(Pursuant to Article L 112-2 of the French Insurance Code, the insurance proposal does not commit either the insured or the insurer; only the contract or cover note establishes their mutual commitment).

→ Identification of Applicant

Name of the company _____
Address: _____ _____
Telephone : _____ Fax : _____
Email : _____

Address of base airfield: _____

Aircraft hangared: **YES** **NO**

Name and address of maintenance company

What level of approval of the maintenance company: _____

→ Geographical limits of use

- France only **YES** **NO**
- EUROPE only **YES** **NO**
- EUROPE and countries bordering the Mediterranean only **YES** **NO**
- Others : **YES** **NO**

If others (complete below)

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→ Insurance history

Has the applicant been insured during the last 5 years: **YES** **NO**

IF YES

With which insurance company(ies): _____

Through which intermediary(ies) (agent / broker) _____

Annual contract renewal date: _____

SAAM :

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93218 La Plaine Saint-Denis Cedex

Tél : +33 1 49 64 13 74
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Site internet : www.saam-assurance.com

SAAM – Service des assurances de l’Aviation marchande - société par actions simplifiée de courtage d’assurances au capital de 139 261,77 euros

SIREN 572 031 870 – RCS Bobigny – N° Orias : 07 003 050 – www.orias.fr – N° de TVA intracommunautaire : FR 43572031870 – APE 6622 Z – SIRET 572 031 870 00080

➔ AIRCRAFT FLEET

Make					
Type					
Number of aircraft					
Date de fabrication					
Number of Pilot/Passenger seats	Pilot : Passenger :	Pilot : Passenger :	Pilot : Passenger :	Pilot : Passenger :	Pilot: Passenger :
Power rating in HP					
Maximum take-off weight in kg					
Owner name (if different from policyholder)					

➔ USE OF THE AIRCRAFT

Public transport of passengers and/or cargo	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Training flights	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Private Business Pleasure	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Meeting - Exhibition	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
First flight	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other(s)					

→ **PILOTS**

<input type="checkbox"/> Named pilots:	1.	2.	3.	4.
Name Surname				
Owner*	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Co-owner*	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of birth				
Date of licence				
IFR qualification currently valid	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Instructor	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEP	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mountain qualification	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total number of flying hours				
Number of hours over last 5 years				
Number of hours over last 12 months				
Total hours on Make and Model				
Loss history (1)	<input type="checkbox"/> YES <input type="checkbox"/> NON	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

(1) Detail of loss (date, cost of the claim, circumstances)

 Other Pilot Clauses: (Specify total experience and minimum experience on aircraft type)

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➔ **COVERAGE NEEDED**

	1.	2.	3.	4.	5.
Legal Liability (Third Part Liability and Passenger Liability) including cover for war risks, terrorism and allied perils (AVN52E) and Passenger Liability HULL ALL RISKS including War Risks Personal Accident Capital desired in € (death or permanent disability)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of pilot seats Number of passenger seats					

Date of inception:

Payment: ANNUAL HALF-YEARLY QUARTERLY

Concluded in _____ on _____

Signature

How did you find us?

- Word of mouth
- Already customer
- Website
- Advertising, on what medium
- Show, meeting – Specify date and place

The undersigned applicant declares that the above information is, to their knowledge, accurate and proposes that it form the basis for establishing the contract that they may conclude. Any non-disclosure or intentionally false statement, omission or misrepresentation causes, as appropriate, the sanctions provided for in Articles L 113-8 (nullity of the contract) and L 113-9 (reduction in benefits) of the French Insurance Code. The applicant has a right to access and rectify any information concerning them and may exercise this right by contacting the office of the insurer.

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