

AIRCRAFT INSURANCE 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:	_____
Address:	_____ _____
Telephone:	_____ Fax: _____
Mobile:	_____ E-mail: _____
AOPA membership No.:	_____

→ 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: _____

→ 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 YES (complete below)

→ How did you find us?

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

→ Aircraft

Make and Model	
Registration	
Serial number	
Year of built	
Number of engines	
Power rating	
Max. take-off weight in kg	
Number of occupants	Pilot: Passenger:
Retractable landing gear	<input type="checkbox"/> YES <input type="checkbox"/> NO
Classed IFR	<input type="checkbox"/> YES <input type="checkbox"/> NO
Based in (ICAO Code)	
Hangared	<input type="checkbox"/> YES <input type="checkbox"/> NO

SAAM:

8, avenue du Stade de France
93218 La Plaine Saint-Denis Cedex

Tel: +33 1.49.64.13.07
Fax: +33 1.49.64.13.02

Website: www.saam-assurance.com

SAAM – Service des assurances de l'aviation marchande – simplified limited liability insurance brokerage company with a capital of 139,261.77 euros

SIREN 572 031 870 – RCS Bobigny – N° Orias: 07 003 050 – www.orias.fr – intra-community VAT No.: FR 43572031870 – APE 6622 Z – SIRET 572 031 870 00080

→ **PILOTS**

Named pilots:	1.	2.	3.	4.
Surname				
First name				
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
Multi-engine 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
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 Time flight hours				
Number of hours over last 5 years in aircraft < 2,500kg				
Number of hours over last 12 months in aircraft < 2,500kg				
Total hours on Make and Model to be insured				
Accidents (1)	<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

(1) **Detail of Accidents (date, cost of the claim, circumstances)**

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

→ **USES**

Private Business Pleasure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Aerobatics	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Aerial meeting presentation	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dry lease	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe: - To whom? - For what purpose?
Mountain Flights	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe: <input type="checkbox"/> High altitude airfields <input type="checkbox"/> High altitude airstrips <input type="checkbox"/> Glacier <input type="checkbox"/> Ski landing
Other uses	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, describe:
Maximum number of hours of use planned per year		

→ **COVERAGE NEEDED**

<input type="checkbox"/> Legal Liability (Third Part Liability and Passenger Liability) including cover for war risks, terrorism and allied perils (AVN52E)	Cover limit set according to the maximum take-off mass as per EC Regulation (CE) no. 785/2004
<input type="checkbox"/> Hull insurance ordinary risks	Aircraft value:
<input type="checkbox"/> Hull insurance War Risks	
<input type="checkbox"/> Personal Accident Pilot Seat (Death and Permanent Disability)	Capital: (Maximum € 250,000)

Date of inception: _____

Payment ANNUAL HALF-YEARLY QUARTERLY

Date:

Signature:

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.

Office Address:

57, rue de Villiers Tel: +33 1.49.64.13.32
92204 Neuilly-sur-Seine cedex Fax: +33 1.49.64.13.02

VERSPIEREN - Public limited liability company with capital of 1 000 000 Euros - CCP Lille 959 M - SIREN 321 502 049 – RCS Nanterre – A.P.E. 672 Z.

Financial cover and professional civil liability insurance in accordance with Articles L. 530-1 and L 530-2 of the Insurance Code

