

Insurance Questionnaire

« Continuing Airworthiness Management Organization (CAMO) »

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

Please return this document completed and signed by email or by fax to +33 1 49 64 13 02

→ Company Identification

Name of the registered office of the Company:

Address:

Phone:

Mail:

Registered Number of the Company

Contact details of the Insurance Risk Manager:

→ General Information

General description of the activity:

Name of current insurer:

Amount of current liability limit:

Geographical limits:

Effective date of the insurance policy:

Name of any subsidiary with an aviation activity to be named as additional insured:

Aircraft concerned (Single engine /Twin engine/turboprop/jet/helicopter)
(piston/turbine/biturbine)

Does the company perform the monitoring of an entire fleet? Yes / No

What are your various agreements?

→ **Key figures**

Performed Turnover for the previous 12 month period:

Estimated Turnover for the next 12 month period:

Claim statistics in the past 5 years:

ALL INFORMATION PROVIDED IN THIS QUESTIONNAIRE WILL BE STRICTLY CONFIDENTIAL.

THE UNDERSIGNED COMPANY DECLARES THAT ABOVE INFORMATION IS STRICTLY ACCURATE TO THE BEST OF HIS KNOWLEDGE. ANY NON DISCLOSURE OR INTENTIONALLY FALSIFIED DECLARATION, ANY OMISSION OR INACCURATE STATEMENT ENTAIL THE SANCTIONS PROVIDED BY ARTICLES L 113.8 (NULLITY OF THE CONTRACT) AND L 113.9 (REDUCTION OF THE INDEMNITIES) OF THE INSURANCE CODE.

SIGNING THE PRESENT QUESTIONNAIRE SHALL IN NO WAY COMMIT THE APPLICANT TO TAKE OUT INSURANCE

Concluded in on

The Applicant