

Insurance Questionnaire « CHARTERER LIABILITY »

This proposal does not concern aircraft leased or loaned to third parties or used by the insured/applicant.

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

(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).

→ Company Identification

Name and address of the registered office of the Company:

Phone:

Fax :

Registered Number of the Company:

Contact details of the Insurance Risk Manager:

→ General Information

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:

→ Keys figures

Performed Turnover for the previous 12 month period :

Estimated Turnover for the next 12 month period:

Number of charters performed for the previous 12 month period :

Number of charters estimated for the next 12 month period:

Number of passengers carried for the previous 12 month period :

Number of passengers carried for the next 12 month period:

Type of chartered aircraft (VIP, Charter, etc.):

Activity	Type of aircraft	Number of passengers
<i>Business Travel</i>		
<i>Group flights</i>		

Type of flight: Passenger/cargo/other
If other, specify:

Main airlines:

	European	International
<i>Business Travel</i>		
<i>Group flights</i>		

Do the companies meet the requirements of European Regulation 785/2004 regarding minimum insurance? YES/NO

What are your main destinations (continents)? Please provide distributions in %

Do the charter contracts include waiver of recourse clauses? YES/NO

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