

**« DROP AIRCRAFT MULTI-RISK »
INSURANCE**

1. Identification of the applicant

Name: _____

Representant: _____

Address: _____

Telephone : _____ **Email:** _____

2. Insurance history

Has the applicant been insured during the past 5 years YES NO

Auprès de quelle(s) compagnie(s) d'assurance : _____ (agent / courtier) : _____

Date d'échéance annuelle du contrat : _____

3. Accidents involving the applicant in the past five years

4. Aircraft Fleet

Make			
Type			
Immatriculation			
Date of manufacture			
Date of last GV			
Number of flying hours per year			
Number of jumps made			
Number of places occupied by Pilots/Passengers	Pilot: Passenger:	Pilot: Passenger:	Pilot: Passenger:
Name of the owner: (if different from the association)			

5. Use of the aircrafts

Free of charge tourist and business 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
Parachute drops	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Commissioning flights technical flights and/or ferry flight trials	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Standard or drop 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
Flights with occasional passengers (first flights excluded)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dry lease	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- with pilot	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- without pilot	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Desired cover

Civil liability Amount of cover in €, including risks of war, hijacking and other perils (AVN 52 E)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
AIRFRAME Ordinary Risks Value to insure in €	€	€	€

7. Piloting

Clause Open YES NO

Piston

- All pilot with minimum of 250 total flying hours

Turbine

- All pilot with minimum of 500 total flying hours

Nominative clause YES NO

Name and Surname	Qualification	Total number of flying hours	Hours engines types	Hours per type	Drops total hours