

# QUOTE REQUEST "HELICOPTER INSURANCE"

(Pursuant to Article L 112-2 of the 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 the Applicant

<b>Name :</b>	_____		
<b>Address :</b>	_____		
	_____		
<b>Telephone :</b>	_____	<b>Fax :</b>	_____
<b>Mobile :</b>	_____	<b>E-mail :</b>	_____

## → How did you find us?

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

## → Aircraft

<b>Make</b>	_____		
<b>Model</b>	_____		
<b>Registration</b>	_____		
<b>Manufacture date</b>	_____		
<b>RPM Governor Equipment for Robinson</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Maximum take-off weight in kg</b>	_____		
<b>Number of seats</b>	Pilot :	_____	
	Pax :	_____	

Usual airfield: \_\_\_\_\_

Is the aircraft in an hangar:     **YES**     **NO**

Who performs maintenance on the aircraft: \_\_\_\_\_

## → Geographical limits of Use

- France only                                     **YES**     **NO**
- EUROPE only                                    **YES**     **NO**
- EUROPE et only countries  
bordering the Mediterranean             **YES**     **NO**
- Other:     **YES**     **NO**

**If other** (complete below)

_____
_____

## → Uses

Use		Max N°. of flight hours per year	Notes (Specify any useful info.)
Private	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Business	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Commercial use	<input type="checkbox"/> YES <input type="checkbox"/> NO		
All types of training	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Excluding ab initio	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Dry lease for private use	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, describe: - To whom ?
Agricultural work	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, describe:
Other uses	<input type="checkbox"/> YES <input type="checkbox"/> NO		S If yes, describe:

### SAAM :

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93218 La Plaine Saint-Denis Cedex

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Fax : +33 1.49.64.13.02

Site internet : [www.saam-assurance.com](http://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](http://www.orias.fr) - N° de TVA intracommunautaire : FR 43572031870 - APE 6622 Z - SIRET 572 031 870 00080

➔ **PILOTING**

<b>Designated pilots:</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>
Name				
Surname				
Owner/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				
Total flight hours				
Flight hours on single-engine machines				
Flight hours on multi-engine machines				
Flight hours on helicopters				
Of which Flight hours on Turbine Helicopters				
Flight hours on Make and Model				
Robinson training	<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
Claims (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
Sanctioned offences/Infractions (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, circumstances) and sanctioned Offences**

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**All pilots :** Minimum experience required

Total flight hours	Flight hours Helicopters	Flight hours Turbine Helicopters	Flight hours on Make Model

➔ **DESIRED COVER**

<input type="checkbox"/> <b>Liability</b> (non-transported third parties and occupants) including cover for risks of war, terrorism and allied perils (AVN52E)	<b>Cover limit set according to the maximum take-off mass as per EC Regulations n° 785/2004</b>
<input type="checkbox"/> <b>Hull all risks</b>	
<input type="checkbox"/> <b>Hull war</b>	<b>Aircraft value:</b>
<input type="checkbox"/> <b>Personal accident - Pilot seat</b> (Death and Permanent Disability)	<b>Sum insured :</b> (maximum €150,000)
<input type="checkbox"/> <b>Personal accident - Pax seat</b> (Death and Permanent Disability)	
<input type="checkbox"/> <b>Private Pilot Legal protection</b> (€25/year)	<b>Insurant</b> (Name, Surname):

➔ **Insurance history**

Has the applicant been insured over the last five years?  **YES**  **NO**

**IF YES**

With which insurance company? \_\_\_\_\_

Through which agent/broker? \_\_\_\_\_

Insurance policy renewal date: \_\_\_\_\_

**Desired inception date:** \_\_\_\_\_

**Payment method**  ANNUAL  BIANNUAL  QUARTERLY

Concluded in \_\_\_\_\_ on \_\_\_\_\_

**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 he may conclude. Any non-disclosure or intentionally false statement, omission or misrepresentation shall result, as appropriate, in the sanctions provided for in Articles L 113-8 (nullity of the contract) and L 113-9 (reduction in benefits) of the 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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