



AZRIEL
AEROAVIATION

ASCEND • ADVANCE • ACHIEVE

Registration number 2001/04487/07

FSP# 43029

P.O. Box 2747, Lonehill, 2062

30 Concourse Crescent, Lonehill, 2191

Telephone Number 011 467 5959 & Facsimile Number 086 507 8138

Aviation Insurance Proposal Form (Fixed-wing aircraft only)

You must give full and true answers to all questions below. If you do not so your insurance cover may not protect you in the event of a claim.

A. Name of proposer:

.....

Address:.....

Telephone numbers:(w).....h).....

Occupation of proposer:.....

B. Has any Insurance Company at any time

(i) Declined your proposal?.....

(ii) Increased your premium or imposed special conditions?.....

(iii) Cancelled or refused to renew your policy?.....

(iv) Are you insured at present?.....

(v) Have you ever sustained a loss in connection with your aviation activities?

.....

(If your answer is yes to any of the above-mentioned questions, then please furnish full details).

C. Period of insurance: 12 months with effect from.....

D. Estimated utilisation for the next 12 months:.....

(If more than one Use then advise the estimated hours for each respective Use)

E.	Aircraft details:	<ul style="list-style-type: none"> (i) Make & Model: (ii) Year of Manufacture: (iii) Registration Number: (iv) Amount Insured: (v) Certified Passengers Seats: (vi) Who is the Registered owner of the Aircraft? (vii) Name of Maintenance Organisation? (viii) Where will the aircraft be based and will it be hangared? (x) Will the hangar be locked at all times? 																				
F.	Uses: Please indicate which are applicable -	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">(i) Private</td> <td style="width: 33%;">(Yes / No)</td> <td style="width: 33%;">(ii) Pleasure</td> <td style="width: 33%;">(Yes / No)</td> </tr> <tr> <td>(iii) Business</td> <td>(Yes / No)</td> <td>(iv) Industrial Aid</td> <td>(Yes / No)</td> </tr> <tr> <td>(v) Commercial</td> <td>(Yes / No)</td> <td>(vi) Rental</td> <td>(Yes / No)</td> </tr> <tr> <td>(vii) Conversion to type</td> <td>(Yes / No)</td> <td>(viii) Advanced Instruction</td> <td>(Yes / No)</td> </tr> <tr> <td>(ix) Sales & Demonstration</td> <td>(Yes / No)</td> <td></td> <td></td> </tr> </table> <p>Other uses required:</p>	(i) Private	(Yes / No)	(ii) Pleasure	(Yes / No)	(iii) Business	(Yes / No)	(iv) Industrial Aid	(Yes / No)	(v) Commercial	(Yes / No)	(vi) Rental	(Yes / No)	(vii) Conversion to type	(Yes / No)	(viii) Advanced Instruction	(Yes / No)	(ix) Sales & Demonstration	(Yes / No)		
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(ix) Sales & Demonstration	(Yes / No)																					
G.	<p>Geographical limits: (Standard Geographical Limits - The Republic of South Africa and adjoining Territories or Countries but excluding Mozambique and Lesotho other than North and West of an imaginary straight line joining Quthing, Mοhales Hoek, Roma and Libono)</p> <p>If flights to any other country (other than as defined under Standard Geographical Limits) are required, then please advise the name of the country, the airfield and the frequency of flights to each country (if more than one).</p> <p>.....</p> <p>.....</p>																					
H.	<p>Is there any finance on the Aircraft?</p> <p>.If Yes, then please advise who the Lien holder is and the amount financed?</p> <p>.....</p>																					
I.	Legal liability limit (s):	<ul style="list-style-type: none"> (i) Legal liability to Third Parties: (ii) Legal liability to Passengers (limit per seat): <li style="padding-left: 40px;">or (iii) Combined Single Limit basis: 																				

J. Pilots:				
Initials & Surname	Type of License	Total Hours (Fixed-wing Only) Flying Experience Logged	Hours logged on Type	Hours logged on similar type of aircraft - Please name the types.
Accident / incident history of any named pilot (Please provide full details)				
K. I / We hereby declare that to the best of my / our knowledge and belief the answers to the foregoing questions are true and complete. I / We agree that this proposal and declaration shall be the basis of the contract between me / us and Centriq Insurance Company Limited should a policy be issued.				
SIGNED		DATE.....		
CAPACITY.....				

Underwritten by Centriq Insurance Company Limited

