Aviation Insurance

AIRCRAFT INSURANCE PROPOSAL

Please complete all Sections fully; if you require clarification or assistance in any area, please contact our office for guidance

Type of Proposal (New/Renewal)			
Name of Proposer			
Address			
Telephone Number		Mobile Number	
Facsimile Number		Email Address	
Registered Owner of Aircraft			
VAT Registration Number			
Additional Insured			

Period of Insurance	From:	To:
Has Any Insurer at any time : 1. Declined your proposal? 2. Increased Premium of Imposed Special Conditions 3. Cancelled or refused to renew your policy? 4. Are you Insured at present? 1. Renewal date of existing Policy		

Geographical Limits (Standard: The Republic Of South Africa and adjoining Territories or Countries but excluding Mozambique, Lesotho other than North and west of an imaginary line joining Quithing, Mohales Hoek, Roma and Libono)	If Flights to any other country (other than as defined in the Standrard Geographical Limits) are required, then please advise the Country, airfield and the frequency of the flights		
Aircraft Base		Is Aircraft Hangared?	
AMO (Maintenance)		Charter Company (ies) / Flying School if applicable	

AIRCRAFT DETAILS

Make & Model & Serial Number of Aircraft	Year	Passenger Capacity	Registration Marks	Agreed Value for this Insurance (Including VAT as applicable)

STS INSURANCE BROKERS NAMIBIA (Pty) Ltd | Registration Number 2008 / 0349
Namibia Financial Institutions Supervisory Authority Number 10 / SB / 217
Namibia Insurance Brokers Association ST87

T +264 (0)83 140 2193

www.stsbrokers.com
Maerua Heights
c/o Chateau & Dr. Theo-Ben
Gurirab Street
Klein Windhoek, Namibia

LIABILITY COVERAGE

Please state amount of insurance required

Combined Third Party and Passenger Legal Liability	Any one Accident	N$5,000,000; N$10,000,000; N$15,000,000; N$20,000,000; N$50,000,000 OTHER:
Cargo & Freight Legal Liability	Any one Accident	

FINANCIAL OBLIGATIONS

Are you the Sole Owner of the Aircraft?	YES	NO
State Name of any person, Firm or Company having a Financial Interest or a Lien on the Aircraft.		
Does the Lienholder require Breach or Warranty Cover in Respect of such Interest?	YES	NO
If so, state amount of Lien, i.e. outstanding balance (N.B. excluding financial charges)		

ACCIDENTS

Give details of 5-Year accident and claims record of Proposer; Additional Insureds and Named Pilots, using separate sheet where necessary

Date	Proposer	Cost	Named Pilot (include Name)	Cost

PURPOSES FOR WHICH THE AIRCRAFT WILL BE USED

(Indicate expected annual utilisation in each Category of Use)

Category of Use		Hours	Category of Use		Hours
Private Business & Pleasure (PB&P) (no operations for reward)			Aerial Application (Detail)		
Industrial Aid (IA) (company business - passenger flights only)			Power Line Patrol		
Non-Scheduled Air Services - Passengers			Pipe Line Patrol		
Non-scheduled Air Services - Freight			Emergency Medical Services		
Scheduled Air Services			Fire Patrol		
Rental for PB&P and IA purposes only			Sales and Demonstration		
Hire to other Pilots for Private Use			Police Air Wing		
Flying Instruction	(i) Ab-initio		Game Work	(i) Counting	
	(ii) Conversion			(ii) Herding	
	(iii) Advanced			(iii) Capturing/Darting/Culling	
Dropping of Parachutists			Air Force Reserve		
Traffic Control			Flying Doctor Service		
Aerobatics - A) Display B) Competition			Aero Clubs (indicate activities on this list of Uses)		
Erection and Construction			Traffic Patrol		
Film Work (Detail)			Slung Cargo		
Aerial Survey /Photography			Off-shore Work		
Aerial Ambulance					
Specify the Operator(s) under whose licence(s) any air service will be conducted					
Other Uses (Specify)					

PILOTS

Name All Pilots Who May Fly The Aircraft (include accident history under "ACCIDENTS" on previous page)

Name	Age	Licence and Ratings	Total Time	Split Total Flying Experience into appropriate sub-categories according to the type of aircraft and proposed operation i.e. multi-engine, turbine, jet, tail-dragger, crop spraying, etc.				
								Type
Describe Fully any Open Pilot Warranty required								

AGREEMENTS - HANGARAGE, ETC.

Please note that all copies of agreements in respect of Hangarage, and Repair, Sale of Products (fuels, parts etc.), use of airfields, charter or any other Agreements linked to the aircraft must be disclosed to Insurers since these could contain clauses affecting your rights and, by extension, those of Insurers. The waiving of rights, or assumption of liability, without Insurers' knowledge and consent may prejudice your insurance coverage. Copies of any such Agreements should be attached to this proposal and Listed hereunder

OTHER COVERS AVAILABLE

Coverage	Require Coverage	Require Quotation	Details, Sum Insured, Etc.
Deductible Insurance			
Loss Of Use			
Personal Accident			
Non-Ownership Liability			
Airfield Liability			
Hangerkeepers Liability			
Workshop Liability			
Pilots Excess Insurance			
Other			

DECLARATION

I/We declare that the aforementioned Aircraft is/are my/our property, and particulars are true and that no information has been withheld that might influence acceptance of the Insurance and I/we agree that this Proposal, signed by or caused to be signed by me/us shall form the basis of and form part of the contract between me/us and Insurers and to accept a policy subject to the terms, conditions and exceptions described therein.

_____
PROPOSER/INSURED

_____
WITNESS

_____
DATE

_____
DATE

BROKERS' AUTHORIZATION

By signature of this "Authorization", I/We hereby authorize my/our Insurers to release all information required by **STS INSURANCE BROKERS NAMIBIA (PTY) LTDs** in respect of Risk information, premium details and claims history.

STS INSURANCE BROKERS NAMIBIA (PTY) LTD has authority to investigate my current Short Term Insurance Portfolio(s) in order to present me with alternative quotations for my consideration.

Until further notice, my insurance and current broker/agent remains unchanged.

CLIENT DETAILS:

Surname

Initial(s) **Title**

Date of Birth

Occupation

Employer

Contact numbers	**(work)**
	(home)
	(fax)
	(cell)

E-mail **Web Address**

Postal address

Residential address

DETAILS OF EXISTING SHORT TERM INSURANCE (if any):

Insurer

Broker

Policy number(s)			
Type of Cover	Personal insurance (household contents/private motor vehicles, etc.)	**YES**	**NO**
	Business insurance	**YES**	**NO**

Signature

Date