

PROPOSAL FOR INSURANCE OF AIRCRAFT

GIB CONTACT DETAILS

Telephone Number
Physical Address
Postal Address
Website
Email

+27 11 483 1212
GIB House, 3 West Street, Houghton, 2198
PO Box 3211, Houghton, 2041
www.gib.co.za
aviation@gib.co.za

1 CLIENT DETAILS

| | |
|----------------------------|--|
| Client Name | |
| Contact Details | |
| - Telephone | |
| - Cell | |
| - Email | |
| Postal Address | |
| VAT Number (if applicable) | |
| 1a. Insured Title | |
| 1b. Registered Owner | |
| 1c. Additional Operator(s) | |

2 AIRCRAFT SCHEDULE

| YEAR OF MANUFACTURE | MAKE & MODEL | REGISTRATION | AGREED VALUE (Incl. VAT) | PASSENGER SEATS |
|---------------------|--------------|--------------|--------------------------|-----------------|
| i. | | | | |
| ii. | | | | |
| iii. | | | | |
| iv. | | | | |
| v. | | | | |

Additional information:

e.g. fixed or retractable undercarriage, variable pitch propeller, tail dragger, Garmin Suite etc

| USE | FLYING HOURS PER ANNUM | USE | FLYING HOURS PER ANNUM |
|---------------------------------------|------------------------|------------------------------------|------------------------|
| Private, Business, Pleasure | | Rental for Commercial Use | |
| Commercial Passenger Carriage | | Skydiving / Parachuting | |
| Commercial Cargo Carriage | | Aerobatics (Private) | |
| Air Ambulance | | Aerobatics (Display / Competition) | |
| Aerial Photography / Filming | | Banner Towing | |
| Aerial Survey / Power Line Inspection | | Under Slung | |
| Sales & Demonstration | | Fire Fighting / Spotting | |
| Ab-Initio Training | | Crop Spraying / Aerial Application | |
| Conversion to Type | | Game Work (detailed split) | |
| Advanced Instruction | | Other | |
| Rental for Private & Business Use | | | |

Additional information:

4. Third Party & Passenger Legal Liability Limit required?

5. Where will the aircraft be based?

Hangared? ☐ Yes ☐ No

6. Primary maintenance organisation?

7a. Geographical limits required / routes

7b. Politically unstable areas or unsafe areas? (Please list details if applicable)

8. Preferred aircraft Excess / Deductible required

9 PILOT INFORMATION

| FIXED WING EXPERIENCE | | | | | | | | |
|-----------------------|-----|-------------------|--------------------|--------------|---------------|--------------------|-----------|-----------------------|
| Pilot Name | Age | Licence & Ratings | Total Hours Logged | Piston Hours | Turbine Hours | Multi Engine Hours | Jet Hours | Hours on Make & Model |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Open Pilot Warranty | <65 | | | | | | | |

Additional information: e.g. hours on similar types

| ROTOR WING EXPERIENCE | | | | | | | | |
|-----------------------|-----|-------------------|--------------------|--------------|---------------|--------------------|-------------|-----------------------|
| Pilot Name | Age | Licence & Ratings | Total Hours Logged | Piston Hours | Turbine Hours | Multi Engine Hours | Slung Hours | Hours on Make & Model |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Open Pilot Warranty | <65 | | | | | | | |

Additional information: e.g. hours on similar types

10. Has the insured and/or aircraft operators and/or any pilot included had any AIRCRAFT ACCIDENTS in the last 5 years (whether this resulted in a claim to insurers or not). If so, please complete the table below:

| DATE OF LOSS | SHORT DESCRIPTION OF THE LOSS | AMOUNT SETTLED |
|--------------|-------------------------------|----------------|
| | | |
| | | |
| | | |

11. Please advise whether any LIENHOLDER/BANKER INTEREST is required to be noted and include the amount outstanding in accordance with the Aircraft Financial Interests Coverage Extension:

12. Who is your current aviation insurance broker?

13. Who is your current aviation insurer?

14. Has any insurer ever cancelled your insurance? If so, please provide full details below:

15. Where did you hear about GIB Aviation Insurance Brokers?

16. When is your aircraft insurance due for renewal?

17. How long have you owned or operated an aircraft?

18. Any other cover required? e.g. Hull Deductible Insurance (Buy Down), Personal Accident etc

DECLARATION

I/We hereby state that the information provided within this proposal form is as accurate as possible to the best of my/our knowledge and that if I/We become aware of any changes that could affect an insurer’s perception of the risk then I/We will disclose such information immediately

Authorised Signature Designation.....

Date.....



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- | PREMISES LIABILITY | PRODUCTS LIABILITY | REPOSSESSION / CONTINGENT LIABILITY
- | THIRD PARTY & PASSENGER LEGAL LIABILITY | HULL WAR AND MALICIOUS DAMAGE
- | UNMANNED AERIAL SYSTEMS

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- | FILM & ENTERTAINMENT | MINING & SPECIALTY RISK
- | MARINE & GLOBAL TRANSPORT | AVIATION

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- | FINANCIAL PLANNING | HEALTHCARE & WELLNESS CONSULTANTS

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