

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

3

USES AND HOURS EXPECTED TO BE FLOWN DURING THE NEXT 12 MONTHS:

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

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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