

Identification Owner

Name :	
Address :	
Phone :	Fax :
Mobile :	E-mail :
AOPA member :	How do you find us :

Identification Operator

Name :	
Address :	
Phone :	Fax :
Mobile :	E-mail :
AOPA member :	

Additional Insured :

Actual Insurance

Insurance company :

Broker company or agent :

Period of the contract

Geographical Limits of Use

- EUROPE and Mediterranean YES NO
 - Others : YES NO
- IF Others (please complete)**

Aircraft

Brand and Type	
Registration	
Serial Number	
Built in	
Number of engines	
Horse Power or thrust	
MTOW	
Number of seats	Crew : Passenger :
Retractable gear	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hangared	<input type="checkbox"/> YES <input type="checkbox"/> NO

PILOTS

<input type="checkbox"/> Pilotes named :	1.	2.	3.	4.
Name				
First Name				
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
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				
Type of Licence	<input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL	<input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL	<input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL	<input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL
IR Rating (current)	<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
Instructor ? (FI/FE/TRI/TRE)	<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
Multi Engine Rating (current)	<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
Mountain rating	<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
Total hours				
Total hours in the last 12 months				
Total hours in the last 24 months				
Total hours on make and type				
Accidents (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
Infringements (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) Details Accident, incident (Date, amount of claim, circumstances) infringements

If other experiences : (if any pilot, please give minimum total hours and on type)

USES

Private	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Aerobatics	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mountain flying	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, specify :
Number of hours flown / Annum		

Equipment of the aircraft : (if any floating devices, security equipment, etc)

OPTIONS

<input type="checkbox"/> Combined Liability (Third Party and Third Party Passenger) including War Risks	In accordance to the European (CE) n° 785/2004
<input type="checkbox"/> Hull	Value of the Aircraft :

If other clause : (if any lay-ups, agreed value, war risk, crew accident, IPNA, etc)

Date of contract : _____

Payment ANNUAL BI-ANUAL QUARTER

In _____ Date _____

