INSURANCE PROPOSAL AIRCRAFT

SAAM VERSPIEREN – AOPA Hellas Questionnaire

Identification

Name : _____

Address : _____

_____

Phone : ___ **Fax :** _____

Mobile : . **E-mail :** ___

AOPA member ID number : _____

AOPA member ID expire date : _____

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	☐ **YES** ☐ **NO**
Hangared	☐ **YES** ☐ **NO**

Adresse bureaux :
8 avenue du Stade de France Tél : 00 33.1.49.64.13.81
93210 SAINT DENIS - FRANCE Fax : 00.33.1.49.64.13.02
VERSPIEREN – Société aNoyme au capital de 1 000 000 euros
SIREN 321 502 049 - RCS Nanterre – N° Orias : 07 001 542 – www.orias.fr
N° de TVA intracommunautaire : FR 45321502049 - C.C.P. Lille 959 M - A.P.E. 672 Z – SIRET 321 502 049 00026

Pilots

❑ **Pilotes named :**	**1.**	**2.**	**3.**	**4.**
Name				
First Name				
Owner	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO
Date of Birth				
Date of Licence				
Type of Licence	☐PPL ☐ CPL ☐ATPL	☐PPL ☐ CPL ☐ATPL	☐PPL ☐ CPL ☐ATPL	☐PPL ☐ CPL ☐ATPL
IR Rating (current)	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO
Instructor ? (FI/FE/TRI/TRE)	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO
Multi Engine Rating (current)	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO
Mountain rating	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO
Total hours				
Total hours in the last 12 months				
Total hours on make and type				
Accidents **(1)**	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO
Infrigements **(1)**	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO	☐YES ☐ NO

(1) Details Accident, incident (Date, amount of claim, circumstances) infrigemements

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

USES

Private	☐YES ☐ NO	
Aerobatics	☐YES ☐ NO	
Mountain flying	☐YES ☐ NO	
Other	☐YES ☐ NO	If YES, specify :
Number of hours flown / Annum		

OPTIONS

❑ **Combined Liability** (Third Party and Third Party Passenger) including War Risks	**In accordance to the European (CE) n° 785/2004**
❑ **Hull**	**Value of the Aircraft :**

Date of contract : _____

Payment ☐ ANNUAL ☐BI-ANUAL ☐QUARTER

In _____ Date _____

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