

BROKER INFORMATION

Broker: _____
Broker Fee: R _____ % _____
Quote Number: _____ Quote Amount: _____

CLIENT INFORMATION

Full Name of Proposer: _____
I.D./Company Registration Number: _____
VAT Number: _____
Gender: Male Female
Occupation: _____ Marital Status: _____
Contact Number: Home _____ Contact Number: Cell _____
Contact Number: Work _____ Contact Number: Fax _____
E-mail Address: _____
Address: Residential _____

Address: Postal _____

DEBIT ORDER AUTHORITY

POLICY DETAILS

Inception Date: _____
Payment Frequency: Monthly Annually

BANK DETAILS

Bank: _____
Branch Name: _____
Branch Code: _____
Account Number:
Account Holder: _____
Type of Account: Current Transmission Savings

Authorisation by Account Holder

I hereby authorise Echelon Private Client Solutions (Pty) Ltd, on behalf of Santam Ltd, to debit my bank account noted above

Signature of Account Holder: _____

RISK INFORMATION - AIRCRAFT

HULL DETAILS

Make:

Type :

Series Number:

Year of Manufacture:

Registration Marks :

Passenger Seats:

Expiry Date of Certificate of Airworthiness:

Inspection Date:

Category:

Registered :

Present Value: (the value of the aircraft described in the Schedule, is inclusive of additional equipment permanently fitted to the aircraft)

AIRCRAFT 1	AIRCRAFT 2

DETAILS OF PILOTS

Name:

Age:

Licence :

FLYING EXPERIENCE

Total Time in hours:

Dual _____	Dual _____
Solo _____	Solo _____

Last Six Months in hours:

Dual _____	Dual _____
Solo _____	Solo _____

On Type:

Dual _____	Dual _____
Solo _____	Solo _____

USE OF THE AIRCRAFT:

	AIRCRAFT 1	AIRCRAFT 2
Private, Business & Pleasure	<input type="checkbox"/>	<input type="checkbox"/>
Ab Initio Instruction of Named Pilots	<input type="checkbox"/>	<input type="checkbox"/>
Conversion to Type Instruction of Named Pilots	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL OBLIGATIONS:

Are you the sole owner ?

Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	No	<input type="checkbox"/>

State the Name of any Person/ Firm/ Company having a financial interest in or Loan on the Aircraft:

Does the Creditor require Breach of Warranty Cover in respect of such interest?

Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	No	<input type="checkbox"/>

Amount of Loan (i.e. Outstanding Balance Excluding Finance Charges)

Number of Installments Outstanding and Final Installment Date:

Amount of each installment:

Is the loan under a Lease or Hire Purchase Agreement?

LIMITS OF INDEMNITY: (Enter Amount Required against Cover Required)

<p>Accidental Damage to Aircraft: R <input type="text"/></p> <p>Combined Single Limit: (Third Party/Passenger Legal Liability): R <input type="text"/></p> <p>Hull War/Strikes, Riots, Malicious Damage & Civil Commotion R <input type="text"/></p> <p>Breach of Warranty : R <input type="text"/></p> <p>Deductible: R <input type="text"/></p>	<p>Accidental Damage to Aircraft: R <input type="text"/></p> <p>Combined Single Limit: (Third Party/Passenger Legal Liability) R <input type="text"/></p> <p>Hull War/Strikes, Malicious Damage & Civil Commotion R <input type="text"/></p> <p>Breach of Warranty: R <input type="text"/></p> <p>Deductible: R <input type="text"/></p>
<p>Up to R2 500 000 Sum Insured/ Agreed Value <input type="checkbox"/></p> <p>R2 500 000 to R5 000 000 Sum Insured/ Agreed Value <input type="checkbox"/></p>	<p>Up to R2 500 000 Sum Insured/ Agreed Value <input type="checkbox"/></p> <p>R2 500 000 to R5 000 000 Sum Insured/ Agreed Value <input type="checkbox"/></p>

Excess Waiver :

MISCELLANEOUS:

Location of Airfield where aircraft will be based :

Will the Aircraft be Hangared?

If Yes : Construction of Hangar:

Means of Lighting:

Details of Precautions against Fire:

AIRCRAFT 1		AIRCRAFT 2	
Location of Airfield where aircraft will be based :			
Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
No	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes : Construction of Hangar:			
Means of Lighting:			
Details of Precautions against Fire:			

GEOGRAPHICAL LIMITS

Policy covers the following : Republic of South Africa and adjoining territories but excluding Lesotho, other than west and north of a line joining Quthing, Mhaleshoek, Roma and Libono.

If you intend flying to any other territory, please specify : _____

FLYING RECORD OF PROPOSER AND/OR PILOT OR OPERATOR OVER LAST FIVE YEARS

Have any of the aforementioned ever suffered any accident or loss in connection with any aircraft?

Yes

No

DETAILS OF INCIDENT	DAMAGE TO AIRCRAFT	THIRD PARTY PASSENGER LIABILITY	AMOUNT CLAIMED

Has any insurer ever refused any proposal of yours, cancelled any policy (or section thereof), refused to renew or imposed any special conditions on any policy (or section thereof)?

Yes

No

If yes, please provide full details: _____

Please provide details of your current insurance policy: _____

WARRANTY

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the risks to be insured and that this and any other statement made by me or on my behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me and Santam Limited (Reg. No. 1918/001680/06) herein represented by Echelon Private Client Solutions (Proprietary) Limited (Reg. No. 2009/003366/07) t/a Echelon and shall be promissory.

I agree to accept the insurance on the terms and conditions set forth in the policy.

Date: _____ Signature of Proposer: _____

SIGNING THIS FORM DOES NOT BIND THE PROPOSER TO ACCEPT THE COVER. THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL ACCEPTANCE OF THIS PROPOSAL (UNLESS OTHERWISE AGREED)