



DENNIS JANKELOW & ASSOCIATES

MICROLIGHT INSURANCE PROPOSAL

Please complete all Parts fully; if you require clarification or assistance in any area, please contact our offices for guidance.

PART 1	PERSONAL DATA		
	Name of Proposer		
	Address of Proposer		
	Telephone Numbers	(Bus)	(Fax)
	E-Mail Address		
	Registered Owner (if different)		

PART 2	AIRCRAFT DATA				
	Make & Model of Aircraft	Year	Passenger Capacity	Registration Marks	Value for Insurance Purposes

PART 3	RISK DATA			
	Geographical Limits	Standard coverage applies to South Africa only. Specify any additional countries required:		
	Aircraft Base		Is Aircraft Usually Hangared?	
	Usual Maintenance Facility			

PART 4	HULL COVERAGE REQUIRED (Tick applicable box to indicate required coverage)	
	Ground Risks (whilst stationary, including whilst stored or being transported)	
	Ground Risks and Flight Risks (including taxiing, taking-off, in flight and landing)	

PART 5	LIABILITY COVERAGE REQUIRED (Insert sum insured required)	
	Third Party Legal Liability only (excluding Passengers):	any one Accident
	Combined Third Party & Passenger Legal Liability:	any one Accident



PART 6		FINANCIAL OBLIGATIONS	
	Is Proposer the sole owner of the Aircraft?		
	If not, specify any person, firm or company having a financial interest in the Aircraft		
	State amount of capital financial interest		

PART 7		PURPOSES OF USE			
Category of Use		Estimated Hours per Annum	Category of Use		Estimated Hours per Annum
	Private pleasure (no operations for reward) by named pilots		Training of named pilots		
	Club uses (including training and rental)		Aerial work of any sort (including, but not limited to, passenger flips, aerial photography or survey, game work, aerial application, etc.) Please provide full details below.		
	Other		Details of aerial work (describe fully):		
	Other				
	Other				
	Other				

PART 8		PILOTS						
Name	Age	Microlight Licence No	Flying Experience					
			Total Time	All Microlights	3-axis	Weight-shift (Trike)	On Type	
Describe Open Pilot Warranty, if required, or specify "Not Required"								



PART 9	LOSS HISTORY				
	Give details of 5-Year accident and incidents of Proposer/Owner and any Named Pilots, using separate sheet where necessary				
	Date	Name of Pilot	Aircraft Type	Description of Loss	Cost

PART 10	OTHER RISKS			
	Do you require Quotations? If so, specify amount of coverage required.			
	Coverage	Require Coverage	Require Quotation	Details, Sum Insured, Etc.
	Pilot Personal Accident			
	Passenger Personal Accident			
Other				
Other				

PART 11	OTHER SERVICES			
	Do you require further information regarding other aviation-related services provided by Dennis Jankelow & Associates? If so, please indicate below.			
	Service	Require Service	Require Information	Whom should DJ&A contact? Please provide name and contact telephone number or e-mail address
	Aircraft Finance			
	Life Assurance for Pilots			
Life Assurance (Other)				
Aircraft Appraisals/Valuations				

PART 12	DECLARATION
	I/We declare that the aforementioned Aircraft is/are my/our property, and particulars are true and that no information has been withheld that might influence acceptance of the Insurance and I/we agree that this Proposal, signed by or caused to be signed by me/us shall form the basis of and form part of the contract between me/us and Insurers and to accept a policy subject to the terms, conditions and exceptions described therein.
 SIGNED BY/FOR PROPOSER
	DATE

