

## « HELICOPTER MULTIRISK » INSURANCE QUOTE REQUEST

*(Conforming to Article L 112-2 of the Insurance Code, the insurance proposition does not engage the insured nor the insurer ;  
Only the contract or Cover Note confirms engagement.)*

### → Proposer's details

<b>Name :</b> _____	
<b>Address :</b> _____	
_____	
<b>Telephone :</b> _____	<b>Fax :</b> _____
<b>Mobile :</b> _____	<b>E-mail :</b> _____

### → How did you hear about us ?

- Word of mouth       You are already a client       Website  
 Advert - please specify publication \_\_\_\_\_  
 Trade meeting - please specify date and place \_\_\_\_\_

### → Aircraft

<b>Make</b>	
<b>Model</b>	
<b>Registration</b>	
<b>Date of manufacture</b>	
<b>Maximum take off weight</b> in kg	
<b>Number of seats</b>	Pilote : _____ Passenger : _____

Aerodrome where the craft is kept : \_\_\_\_\_

Is the craft kept in a hangar :     YES     NO

Who performs maintenance on the craft : \_\_\_\_\_

### → Geographic limits of use

- France only                                     YES     NO
- EUROPE only                                    YES     NO
- EUROPE & countries  
bordering the Mediterranean only        YES     NO
- Autres :                                          YES     NO

**If yes, please give details below**

_____
_____

### → Usage

		Max Hours of Flight per Year	Observations (please give any further relevant information)
Private Leisure	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Business	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Commercial Use	<input type="checkbox"/> YES <input type="checkbox"/> NO		
All types of training	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Training excluding ab initio	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Renting for private use	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify to who the craft is rented :
Agricultural Works	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify :
Other uses	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please specify :

#### Coordonnées Verspieren Aviation :

8, avenue du Stade de France      Tél : 01.49.64.12.93  
93210 Saint-Denis                      Fax : 01.49.64.13.02

Site internet : [www.aviation.verspieren.com](http://www.aviation.verspieren.com)

VERSPIEREN – Société anonyme à directoire et conseil de surveillance au capital de 1 000 000 euros  
SIREN 321 502 049 - RCS Bobigny – N° Orias : 07 001 542 – [www.orias.fr](http://www.orias.fr)

➔ **Pilots**

**Designated Pilots :**

	1.	2.	3.	4.
Family Name				
Name				
Owner/ 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 <b>qualification</b>				
Total flight hours				
Number of hours on a single-motor craft				
Number of hours on a multi-motor craft				
Nulber of hours on Helicopters				
Nulber of hours on a Turbine Engine Helicopter				
Number of hours on specified Make & Model				
Robinson Training	<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
Claims (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
Punished Infractions (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 of Accidents** (Date, cost of claim, circumstances) **and punished infractions**

**All Pilots :** Minimum Experience Required

Total flight hours	Number of hours on Helicopters	Number of Hours on Turbine Engine Helicopter	Number of Hours on specified Make & Model

➔ **Desired Indemnities**

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<input type="checkbox"/> <b>Liability</b> (Non transported é transported third parties) including cover for War and assimilated risks and terrorism (AVN52E)	Indemnity Limit is fixed according to the Maximum Take Off Weight as specified in EU legislation n° 785/2004
<input type="checkbox"/> <b>Hull – Ordinary Risks</b>	Value of Aircraft :
<input type="checkbox"/> <b>Hull – War Risks</b>	
<input type="checkbox"/> <b>Pilot Individual Accident</b> (Death and Permanent Immobility)	<b>Capital :</b> (Maximum 150,000 €)
<input type="checkbox"/> <b>Individual Passenger Insurance</b> (Death and Permanent Immobility)	
<input type="checkbox"/> <b>Legal Protection</b> (Cost 25€/year)	<b>Insured</b> (Surname, Name) :

➔ **Insurance History**

Has the proposer been insured for the last 5 consecutive years :  YES  NO

**IF YES**

With which Insurance Provider(s) : \_\_\_\_\_

Through which broker(s)/agent(s) : \_\_\_\_\_

Expiry date of annual contract : \_\_\_\_\_

**Desired Date of Effect :** \_\_\_\_\_

**Payment Method**  ANNUAL     BI-ANNUAL     QUARTERLY

Completed at \_\_\_\_\_ (place) \_\_\_\_\_ the \_\_\_\_ (date) \_\_\_\_\_

**Signature**

*The abovesigned proposer hereby declares that the information given is correct to his/her knowledge at the time of signing and will be used as the basis for a contract to which they can subscribe. All omissions, intentionally false declarations or inexact declarations can lead to consequential sanctions detailed in articles L 113-8 (invalidation of contract) and L 113-9 (reduction of indemnity limits) of the Insurance Code. The proposer has the right to access and rectify all relevant information. To do so he/she must contact the Head Office of the Insurer.*