



ROTOR WING PILOT EXCESS INSURANCE PROPOSAL FORM

General Information

- 1. Full name of Proposer: _____
- 2. Postal address of Proposer: _____
- 3. Work Tel: _____ Cell: _____
- 4. E-mail: _____ Fax No: _____
- 5. Inception Date: _____ Sum Insured: _____

Premium Table	Sum Insured	Rate	Premium
Annual/Debit Order/RSA		12.5%	
Annual/Debit Order/Other Countries		13.5%	
Deferred premium		3.50%	
TOTAL PREMIUM			R
NB: Maximum sum insured R250 000			

CONDITIONS

Pilot Excess Insurance cover pays the amount of the Deductible that is payable in terms of the Hull All Risks Policy or the Sum Insured stated, whichever is the lesser, subject that a valid and collectible claim can be made on the Hull All Risks Policy save for the application of the Deductible.
Cover excludes losses not covered by the Hull All Risks Policy covering the aircraft.
Cover applies only to rotor wing aircraft in which I am acting as pilot-in command or whilst receiving instruction. It does not apply to fixed wing piston engine aircraft, crop spraying aircraft, balloons, gliders, and home built aircraft.
Cover does not apply whilst the aircraft is being used for any form of aerial applications, firefighting, and all forms of game work.
Cover is subject to reinstatement following a claim under this policy.
Cover excludes losses arising as a direct and deliberate result of my having breached Air Navigation Regulations or other applicable rules and/or regulations.
Cover does not apply to aircraft owned in whole or in part by me.
In the event of a claim the balance of the annual premium will become payable in respect of Debit Order policies.
Notice of any event likely to give rise to a claim to be given to Airspace Africa Underwriters within seven days of the occurrence.

Cover commences on receipt of completed Proposal and payment of applicable premium or completed and signed debit order authority (if applicable).

I acknowledge and accept the conditions set out above.

Signature

Date.....

DEBIT ORDER INSTRUCTION

Account Holder	
Bank Name	
Account Number	
Branch Code	
NB: Cover is automatically cancelled in the event that two consecutive premiums are unpaid	
I hereby authorize Airspace Africa Underwriters to collect the monthly premium by debit order from the account as detailed above in respect of my Pilots Excess Insurance Policy.	
_____ Signed by Account Holder	_____ Date

Coverholder at

