



TURBOSURE PROPOSAL

PROPOSER DETAILS

Proposer			
Address			
Contact Person			
Telephone Number		Facsimile Number	
Mobile Number		Email Address	

AIRCRAFT DETAILS

Aircraft Make & Model		Registration Number	
Aircraft Serial Number		Operating Base	

ENGINE DETAILS

	Engine 1	Engine 2
Engine Manufacturer		
Engine Model		
Serial Number		
Standard TBO		
Extended TBO (if granted)		
Extended TBO Granted By		
Hours since New/Overhaul		
Cycles Since New/OH		

ENGINE MAINTENANCE HISTORY

	Last Overhaul		Last Hot Section Inspection	
	Engine 1	Engine 2	Engine 1	Engine 2
Serial Number				
Date				
Hours				
Facility Name				

HULL ALL RISKS INSURANCE

BROKER	LEAD INSURER	EXPIRY DATE	POLICY NO
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Turbosure excludes losses which are covered under the Hull All Risks policy covering the engine concerned or, where no such policy exists, losses which would be covered under a standard Hull All Risks policy based on the Lloyd's AVN1C wording. In the event of a claim being made, Turbosure Insurers reserve the right to inspect the applicable Hull All Risks policy.



WARRANTY/GUARANTEES
 Is/are the engine(s) subject to a Manufacturer's Warranty? If so, please describe fully, including expiry date:

Turbosure premiums are potentially subject to substantial discounts where approved warranties/guarantees apply

UTILISATION PROFILE						
Estimated Annual Utilisation	Hours	Average Flight Length (Minutes)				
Type of Operation	Private	Corporate	Charter	EMS	Training	Aerial Work

PREVIOUS LOSS HISTORY
 Please provide details of any previous turbine engine breakdown event, involving the engines which are the subject of this Proposal, in the 36-month period immediately preceding the current date.

Period	Details of Breakdown Event
0-12 months prior	
13-24 months prior	
25-36 months prior	

DECLARATION
 To the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Insurers to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Insurers. If you are in any doubt as to whether a fact is material or no, you must disclose it.)

I/We understand that Insurers will determine their terms and conditions upon the information provided in this Proposal; and I/we further understand that the signing of this Proposal does not bind me/us to complete, or Insurers to accept, this insurance.

Signed..... Date

Please confirm that all the relevant information has been entered.
 By ticking this box the information in this form will be made uneditable.

Please return this Turbosure Questionnaire to Dennis Jankelow & Associates at:
 Postal : PO Box 71626, Bryanston, 2021
 Street : Lacey Oak House, Bally Oaks Office Park, 35 Ballyclare Drive, Bryanston, 2021
 Telefax: (011) 463-5551
 E-mail: mail@jankelow.co.za