



Aviation Insurance

PISTONSURE® QUESTIONNAIRE

YOUR DETAILS			
Name			
Address			
Telephone Number		Mobile Number	
Email Address			

AIRCRAFT	
Aircraft Make & Model	Registration Number

ENGINE(S)		
	Left Engine	Right Engine
Make & Model		
Serial Number		
Standard Overhaul Life (TBO)		
Hours Since Overhaul (HSO)		

ENGINE MAINTENANCE HISTORY												
	Left Engine						Right Engine					
	Last MPI			Last Overhaul			Last MPI			Last Overhaul		
Date												
At (Hours)												
By (Facility Name)												
Blow-by Values at Last MPI	1	2	3	4	5	6	1	2	3	4	5	6

PREVIOUS REPAIRS
Have any of the specified engines undergone any repairs following breakdown or accident since last Overhaul? If Yes, please give brief details including date/hours and circumstances. If No, please specify "None"



AIRCRAFT HULL INSURANCE

Details of Hull Insurance	BROKER	INSURER	EXPIRY DATE	POLICY NO
<p><u>Why is this Information Required?</u> <i>Pistonsure® 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, Pistonsure® Insurers reserve the right to inspect the applicable Hull All Risks policy.</i></p>				

UTILISATION PROFILE

Estimated Annual Utilisation (Hours)		Actual Flight Hours in Past 6 Months				
Operation Type	Private	Training	Commercial	Game Work	Medical	Agricultural
Estimated Annual Hours per Type						
<p><u>Why is this Information Required?</u> <i>Certain types of operation place additional loads on engines. In addition, the exposure to breakdown increases proportionately to utilisation, whilst very low utilisation can also increase exposure to breakdown. This information helps Insurers to assess their potential exposure.</i></p>						

DECLARATION

To the best of my/our knowledge and belief, the information provided in this Pistonsure® Questionnaire, 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 insurance. (NB. A material fact is one likely to influence acceptance or assessment of this insurance by Insurers. If you are in any doubt as to whether a fact is material or not, you must disclose it.)

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

Signed _____ Date _____

Please return this Pistonsure® Questionnaire to Dennis Jankelow & Associates at:

Postal: PO Box 71626, Bryanston, 2021
 E-mail: mail@jankelow.co.za