



Aviation Insurance

**FACSIMILE**

TO: : Dennis Jankelow & Associates (Aviation) (Pty) Ltd  
ATTENTION : Veronica Joyce / Louise Pietersen  
**FAX NUMBER** : **(011) 463-5551**  
PAGES : 2 including proof of payment  
SUBJECT : Pilot Excess Insurance Application

Please incept my Pilot Excess Insurance Policy immediately, as per the below details.

PERSONAL INFORMATION & COVERAGE DETAILS					
Surname:				ID Number:	
First Name:		Title:		Occupation:	
Postal Address:					
Contact Information:	Work Tel	Home Tel		Mobile	
	Fax	Email Address			
Usual Flight School:					
Required Sum Insured:		Premium:			
Policy Type:(circle requirement)	Monthly Debit Order	Annual	Single Month	Number of Consecutive Single Months:	
Rotorwing Aircraft:(circle requirement)	INCLUDED / EXCLUDED	Commencement Date: (see point 2 of Coverage, Terms & Conditions)			
<i>I acknowledge and accept the Terms &amp; Conditions as laid out on the reverse of this Application Form, without any amendments.</i>					
<b>SIGNATURE OF INSURED:</b>			<b>DATE:</b>		

DEBIT ORDER INSTRUCTION			
<i>(Only applicable to Monthly Debit Order Policy type)</i>			
Account Holder:			
Bank & Branch:		Branch Code:	
Account Number:		Account Type:	
<b>NB</b> Cover is automatically cancelled in the event that two consecutive premiums are unpaid.			
I hereby authorize <b>DENNIS JANKELOW &amp; ASSOCIATES (AVIATION) (PTY) LTD</b> (hereinafter referred to as "DJA") to draw against the above account the amount necessary for the payment of premium instalments which may from time to time become due by me in terms of my Pilot Excess Insurance Policy. This authority shall remain in force until cancelled by me, giving <b>DJA</b> 30 days notice in writing of such cancellation. Receipt of this instruction by <b>DJA</b> shall be regarded as receipt thereof by my Bank as identified above.			
<b>SIGNED BY ACCOUNT HOLDER</b>			
<b>SIGNATURE:</b>			<b>DATE:</b>

BANKING DETAILS FOR DIRECT PREMIUM PAYMENTS	
Account name	: IOM (Pty) Ltd - Dennis Jankelow
Bank & Branch	: FNB, Corporate Branch
Account Number	: 62071574109
Branch Number	: 255005
<b>NB</b> Please quote your name & surname as reference.	

**NB** For Annual & Single Month Policies, remember to fax proof of payment together with this.



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## DENNIS JANKELOW & ASSOCIATES

### PILOT EXCESS INSURANCE

UNDERWRITTEN BY SANTAM LIMITED

#### COVERAGE, TERMS & CONDITIONS

1. Coverage applies only to standard-type aircraft in which I am acting as pilot-in-command or whilst I am receiving instruction.
2. Coverage only commences once the premium and the signed Application Form have been received by Dennis Jankelow & Associates.
3. Coverage is limited to losses which are covered under the Hull All Risks policy applicable to the aircraft (the Hull Policy) or which would be, save only for any Deductible provision contained therein.
4. The amount payable in the event of a claim shall be the lesser of the Deductible applicable under the Hull Policy, or the cost of making good the loss or damage, but not exceeding the Sum Insured hereunder.
5. Coverage excludes:
  - a. rotorwing aircraft, unless the word "INCLUDED" has been circled on the reverse of this Application Form.
  - b. aircraft with a maximum take off weight (MTOW) of less than 450kg;
  - c. (in respect of aircraft in which I have a direct, traceable, ownership interest) losses arising whilst the aircraft is being taxied or flown by a third party, or in the case of rotorwing aircraft, whilst rotors are in motion.
  - d. losses, whether or not covered under the Hull Policy, which arise from any form of abnormally hazardous flying such as, but not limited to:
    - i. aerial application of water, seed or chemical of any description
    - ii. game work of any type
    - iii. undersling work
    - iv. powerline or pipeline patrol
    - v. aerial survey of any type, including telemetric vehicle tracking (not excluded for fixedwing aircraft)
    - vi. racing, record attempts, speed trials or aerobatics
    - vii. experimenting with or testing new parts (other than replaced standard parts), new devices or new designs;
  - e. losses arising from the giving or provision, by me, of any flying instruction;
  - f. losses arising as a direct or indirect consequence of my having breached applicable civil aviation regulations, rules or requirements.
6. Notice of any event likely to give rise to a claim to be given to Dennis Jankelow & Associates within seven days of the occurrence or all coverage hereunder shall be forfeited.

#### AIR CREW 911 COVERAGE BENEFITS PROVIDED BY NETCARE911



- Full Emergency Medical Service (EMS) and evacuation during the duration of the flight, in South Africa, Lesotho, Swaziland, Namibia, Botswana and Mozambique.
- Includes: response by road or air ambulance to the scene of an accident; stabilization and primary care; transfer of injured person to the closest most appropriate medical facility.
- Transportation of emergency blood and/or emergency medicine.
- Repatriation of mortal remains.
- 24 Hour medical advice via the [NETCARE911 Health-on-Line](#) medical advisory service.

Dennis Jankelow & Associates (Aviation) (Pty) Ltd

Reg. No. 1971/000601/07. An Authorised Financial Services Provider (FSP No.15808)

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