



**INSURANCE PROPOSAL FORM
AVIATION APPLICATION FORM**

*Completing the Proposal Form
Please answer all questions in full leaving no blank spaces.
If you have insufficient space to complete any of your answer please attach a separate signed and dated sheet and identify the question number concerned*

- 1. Company Name :
.....
- 2. Address :
.....
.....
.....
- 3. Date Of Established :
.....
.....
.....

- Operation : 1. Passenger Airline
or 2. Passenger And cargo Airline
Aircraft Clause 3. Cargo Airline
4. Air Charter (*please identify specifically kind of charter*)
.....
5. other (*please identify specifically.....*)
.....
6. Special Purpose(*please identify specifically the purpose*)
.....

- Route Structure:** 1. Domestic (*please identify the destination cities*)
Or
Geographical area. 2. International (*please identify the destination cities*)
.....
3. Domestic & International (*please identify specifically the destination cities*)
.....
4. Others (*for non airline & please identify specifically*)
.....

Please give your necessary notes to your category above, such us whether there is a specific short term and long term plan separately and/or the others....

Where is your aircraft's /fleet's home base:
.....
.....
.....

What is your / company interest in the aircraft:



1. As an owner / lessor, or
2. As an lessee / an operator / an airline

If the aircraft is/ are under leasing agreement, please provide whether dry or wet leased agreement or others and how long the agreement will take

If the aircraft is/ are under leasing agreement, please provide the name of lessor or owner of the aircraft.

If the aircraft is/ are under leasing agreement, will you / company responsible for the insurance coverages of :

- | | |
|--|----------|
| 1. Hull | YES / NO |
| 2. Third Party Liability | YES / NO |
| 3. Passenger, Baggage And Cargo Legal Liability | YES / NO |
| 4. Hull Spares | YES / NO |
| 5. Hull War | YES / NO |
| 6. Hull Deductible (for jets and certain propeller aircraft) | YES / NO |

Please provide the copy of insurance article in the leased agreement

FLEET / AIRCRAFT INFORMATION

AIRCRAFT FLEET as per inception date of insurance

Type of Aircraft	Year Of Aircraft Manufactured	Registration No.	Hull Insured Value (USD/RP)	Engines Type	Seat Capacity

Please give your necessary notes if there are more material information



ADDITIONAL FLEET PLAN for the next months insurance periode and/or 2 (two) or 3 (Three) years ahead.

Type of Aircraft	Year Of Aircraft Manufactured	Hull Insured Value (USD/RP)	Engines Type	Seat Capacity	Attachment Date / Year Plan

Please give your necessary notes if there are more material information

.....

Estimated Annual Aircraft /Fleet Utilization Per type of aircraft :

.....

Please provide the aircraft maintenance program, will you / the company or third party do it, where is the location and provide the detail program.

1. Overhaul program

.....

2. A-check program

.....

3. C-check program

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4. D-check program

.....

5. Inspection program

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6. Engines

.....



Will you / the company also handle and take care of aircraft spares? If yes, where are there spares stored and please provide the following:

Estimated spares value / average value per year for:

1. Value of any one item
2. Value of any one placed / building
3. Value of any one carry / transshipment

AVIATION LIABILITY INFORMATION

Please provide the estimated passenger load factor per year (per aircraft type if possible):

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.....

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Please provide the estimated baggage / mail / mail / cargo per year :

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.....

With regard to the company liability to third parties / passenger / baggage / cargo, please provide the limit liability required by company to be insured:

Combined single limit (CSL) liability (for third party and passenger and baggage and cargo plus product/hangar keeper liability (if any))
USD / Rp.....

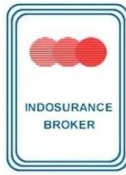
With (including to CSL Limit) or in addition to CSL for;

Passenger and baggage and/or cargo limit liability only : USD/Rp.....

With (including to CSL Limit) or in addition to CSL for;

Cargo limit liability only : USD / Rp.....

*Please be noted that all above requirement are very much depend (directly related) on/to company operation and routes, and aircraft type.
We will assist you with this area if your are not sure and not cleare*



PILOT INFORMATION :

How many of air crews in the company who will operate the aircraft?

- 1. Captain pilot :
- 2. First officer :
- 3. Flight engineer :
- 4. Cabin crew :

Where are they come from ?

.....

.....

.....

Please provide the list of cockpit crew in detail as approved by the company

Name	Date of birth	License Type And Number	Flying Hours On Act. Type	Flying Hour Total

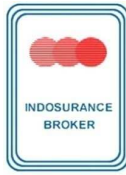
Please provide the training program of pilots and medical check up:

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FLIGHT SAFETY INFORMATION :

Please provide the current flight safety program

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.....
.....
.....

Please provide your / company loss record of incident and accident of your operation for the last 3 or 5 years behind.
(this questionnaire is not for the new / start up company)

Date of loss	Type Of Aircraft	Registration Number	Loss / Claim Value	Clause Of Loss



DECLARATION

The Undersigned authorized officer of the Principal Organization declares that to the best knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the Principal Organization, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the Principal Organization, acknowledge that the Statutory Notice contained herein has been read and understood.

Signed

_____ Date _____

Title

_____ *Chairman of the Board or Managing Director Only*

IMPORTANT

You are to disclose in this proposal form, fully and faithfully all facts you know or ought to know, otherwise the Policy hereunder may be void.