

	<p><b>DHIPAYA INSURANCE PUBLIC COMPANY LIMITED</b></p> <p>63/2 RAMA 9 ROAD, HUAY-KWANG, BANGKOK 10310, THAILAND.</p> <p>TEL. 0-2248-0059      FAX. 0-2248-7858</p>
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AVIATION DEPARTMENT

**AIRCRAFT INSURANCE APPLICATION:**

1)     INSURED

**Exact name of insured**  
(including any subsidiary/affiliated companies who may operate the aircraft)

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**Address of the insured**

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**Business of Insured**

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**Number of Years in Operation**

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2)     PERIOD OF INSURANCE

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3)     SCHEDULE OF AIRCRAFT

Make/model/	Year of Manufacturer	Registration	Agreed value	Pass/crew Seats	Maximum Take Off Mass KG

Owned Aircraft       Leased Aircraft, please give full details of Lessor \_\_\_\_\_

4)     USES AND UTILISATION

**Exact uses of aircraft and estimated utilisation for each different use**

Use (Full Details)	Estimated annual Percentage of time for each use

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**Number of hours utilisation for the last 12 months and estimated utilisation for the forthcoming 12 months**

Last 12 months:	<input style="width: 80%;" type="text"/>	Hours per aircraft:	<input style="width: 80%;" type="text"/>
Next 12 months:	<input style="width: 80%;" type="text"/>	Hours per aircraft:	<input style="width: 80%;" type="text"/>

5) SITUATION

**Geographical areas of operation/flight routes, full list of countries insured flies to (with frequencies)**

**Geographical location where the insured's operation/aircraft is based**

**Details of company/ies providing maintenance to the aircraft**

**Will aircraft be hangared/tied down/open?**

**Any additional information which may be of interest to insurers**

6) PILOT DETAILS

Name	Age	Licences Held	Ratings - total hours (including hours on make and model and type)

**Do Pilots undergo recurrency training? If yes, where and how often?**

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**Do Pilots have any Losses or violations to their licences in the last five years? If yes, Please provide full details.**

**Minimum hours requires for an open Pilot Warrenty (if applicable).**

**7) LIABILITY LIMITS REQUIRED**

**Limits required for third parties and passengers**

	Combined single limit (third parties and passengers):	OR	Third party legal liability:	With passenger legal liability limited to:
Any one accident				

**Limits required for Personal Accident (if applicable)**

	Passengers (each seat)	Crew (each seat)	Medical Expenses
Any one accident			

**8) LOSS/CLAIMS HISTORY**

**Details of all losses for the last five years and any events which may be potential losses for both aircraft and pilots. Please provide full details.**

**9) COVER REQUIRED**

- Hull and Liability Insurance
- Hull War Insurance
- Crew Personal Accident Insurance

**If existing insurance in place, confirmation of current rates and insurers involved**

**Date coverage will incept:**

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This proposal will form the basis for obtaining terms from insurers. The answer to some sections may involve further details being requested.

We would remind you that it is necessary for every insured to disclose to insurers immediately any information, including changes in circumstances, which might affect the judgement of the insurers in assessing the risk or the premium, and failure to disclose such information or changes could void the insurance contract.

Signing this proposal form does not bind you to complete the insurance, but it is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

I have read the above. I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information, which would influence the decision of insurers in regard to this proposal.

Authorised Signatory of the Insured

Position in company

Date