

Republic of the Philippines
GOVERNMENT SERVICE INSURANCE SYSTEM
GENERAL INSURANCE GROUP
 Roxas Blvd., Pasay City
 Tel. No. 891-8181 local 4283 or 4471; Teletax No. 551-1278

AIRCRAFT INSURANCE APPLICATION

NAME OF APPLICANT _____ : **ADDRESS OF APPLICANT** _____

MAKE/TYPE OF AIRCRAFT _____ : **YEAR OF MANUFACTURE** _____ : **REGISTRATION NO.** _____

PERIOD OF COVER:

From : 0001 hr _____ **To :** 2400 hrs _____

NO. OF SEATS _____
 (Licensed Passenger, Seating Capacity
 excluding pilots, co-pilots, flight mechanics)

NO. OF CREW _____
 (Seating Capacity for pilot, co-
 pilots, flight mechanics)

TERM OF INSURANCE:

VALUATION:

- a) HULL _____ P _____
- b) LIABILITIES
 - Third Party Liability Bodily Injury
 (other than Passenger) P _____ any one person
 - Property Damage P _____ any one accident
 - Legal Liability to Passengers P _____ any one occurrence
 - Passenger Admitted Liability P _____ any one passenger
 - Personal Accident P _____ any one passenger
 - Pilot P _____ any one occurrence
 - Co-Pilot P _____
 - Crew member P _____

PILOT WARRANTY: _____

Pilot's Name & Qualification:

Total Flying Hours: Fixed Wing _____ Rotor Wing _____

Purpose For which the Aircraft will be used:

Utilized time of the aircraft on the previous year 2006 -2007 _____

Estimated Utilization time for the coming year 2007-2008 _____

Geographical Limits: _____

CERTIFICATION AS TO AVAILABILITY OF FUNDS