World Aerospace Insurance Services

Phone: (305) 776-6736 Fax; (786) 522-9011

AIRLINE DATA SHEET

INTRODUCTION

The information requested on this form is purely to enable World Aerospace Insurance Services to obtain the most competitive insurance premium quotation available. Please complete this form as extensively as possible and where necessary attach supplementary sheets. If certain sections do not apply or the information required is currently unavailable please indicate this or leave blank as appropriate.

Please clearly specify currencies used in all sections.

Resume of Operation (i.e. scheduled/charter/cargo plus any other relevant information):					
Names and Posit	tion of Senior Staff :				
Chief Executive (or Equivalent)		Risk Manager/ Safety Officer			
Managing Director		Other Senior Staff and Position			
Finance Director					
			•		

Financial Information	Bankers
Ownership	Principal Financiers involved with aircraft purchases/leases:
% Government Owned	
% Private Owned	
% Other Airlines (please specify)	
Hulls Fleet Details :	
We require the following detailed infoallow for full declaration of your fleet s	rmation. If necessary please copy this sheet to ize.
Average Fleet Value :	
Current Year:	Projected :

Schedule of Fleet:

Туре	Registration Number	Value	Max. Seat Numbers	Aircraft Date of Manufacture	Est. Utilisation	*Owned or Leased
		:				

^{*}If leased, show lessor

If operation is a start up please indicate previous owner/s of aircraft and who carried out previous major maintenance.

Туре	Reg No.	Value	Max. Seat No's	Aircraft Date of Manufacture	Previous Owner	Previous Major Maintenance

Liabilities:

Liability Limit Required (Combined Single Limit)	
Sub Limits (as applicable)	

Spares:

Average Value at Risk	
Maximum Spares Exposure any one occurrance	
B. N	
Maximum Exposure any one transit	

Average Age by Aircraft Type (also average over fleet if possible)	Daily Utilisation	Future Plans for Fleet years	over next five
			_

Deductible Cover :			
	educe this with the	able to each Hull and L ne purchase of a separ	Liability Policy. It is rate Deductible Policy. If
Excess Point Required :			
Total Loss Only Cove	er:		**
Please indicate if you	require a separa	ate limit in respect of to	tal loss only coverage.
Limit Required :			
Route Structure :			
Please list main dest	inations and fli	ght frequencies :	
International	Number of Flights per week	Domestic	Number of Flights per week

Revenue Passenger Kilometres :					
Please specify if you have provided this information in miles rather than kilometres.					
Actual (Current):		Estimated (Renewal):			
International		International			
Domestic		Domestic			
Load Factors :					
Domestic	Interna	ational	Average		
	entervienta and real attricts and account of the country in conception of all parts		ALIGNA DE ANAMENTA DE PRESENTA DOS DESENTAS DE ANAMENTA DE		
Third Party Revenues :					
Cargo and Mail :					
Ground Handling at Airports :					
Third Party Maintenanc Work:	е				

Total Third Party

Revenue:

Loss Record - Total Claims:

Date of Loss	Details/Circumstances of Loss	Paid	Outstanding	Total
	_		-	

Please specify all losses, including date, brief details and amounts paid and outstanding, please attach a separate sheet if required