

PT. _____

**AIRPORT OWNERS AND OPERATORS
LIABILITY INSURANCE**

Policy No.

SPECIMEN

Issued by:

PT. _____



FOR FULL DETAILS, PLEASE CONTACT OUR ADMINISTRATOR

SCHEDULE

Policy No.: _____

Item 1. The name and address of the Insured:

PT _____ and all Associated and/or Subsidiary Companies jointly and severally for their respective rights and interests.

Address: _____

Item 2. The nature of the Insured's business or operation in respect of which the Policy is effected is:

Airstrip operator including fueling.

Item 3. The place(s) in or about which the indemnity granted by the Policy is to apply is (are):

Item 4. Amount of Indemnity:

The amount of indemnity shall not exceed:

Section 1. USD _____ any one Occurrence

Section 2. USD _____ any one Occurrence

Section 3. USD _____ any one Occurrence and in the aggregate in respect of all Occurrences in any one annual period of Insurance.

Item 5. Premium:

The premium is: USD _____ per annum in respect of the coverage provided by Extended Coverage Endorsement (Aviation Liabilities) AVN52G as attached hereto.

Subject to annual resigning. Insurer reserves right to review premium in event of losses exceeding 150% of gross annual premium and standard market clauses / conditions to be added at resigning date and in the event of passenger numbers/aircraft movements increasing by more than 20%.

Item 6. The Period of Insurance:

both days inclusive local standard time at the address of the Insured.

Item 7. Payment Terms:

Premium payable in 2 (two) equally installment as the following date:

1st installment:

2nd installment:

Item 8. Deductible:

USD _____ each and every loss in respect of property damage

USD _____ each and every loss in respect of property damage to aircraft

Item 9. The name and address of person(s) or firm to whom all notices shall be given is:

PT. _____ (Insurer)

Signed for and on behalf of

PT. _____

Authorised Signatory