

Airside Liability Insurance

Proposal Form

THIRD PARTY LIABILITY INSURANCE FOR CONTRACTORS AND/OR CONCESSIONAIRES OR OTHERS
WORKING AIRSIDE AT AIRPORTS THROUGHOUT THE UNITED KINGDOM & CHANNEL ISLANDS

1. Name of Insured:

Address of Insured:

Telephone Number:

Facsimile Number:

Website address

E-mail address

2. Description of business:

Nature of Airside Activity:

3. Total Airside Contract Value for the Period of Cover Required:

4. Type of Cover required: ✓

[a] Motor vehicle third party liability

[b] General public liability

[c] Both of the above

5. Provide a brief description of any non-aviation business activities of associated companies (e.g. parent, subsidiaries, affiliates, etc.):

6. Period of cover required:

7. Airport(s) at which cover required:

8. Limit of Liability required:

9. Please detail the areas of the Airport which any person/vehicle has access to:

10. Minimum distance any person/vehicle will be from any aircraft at any time:

Metres

11. Maximum number airside at all Airports at any one time:

people

vehicles, of which are HGV

12. Frequency of visits airside:

13. Please provide details of vehicles used airside:

Registration	Make and Type	Taxation Category (PLG/HGV)
<input type="text"/>	<input type="text"/>	<input type="text"/>

14. Please give details of contract wordings or disclaimers or indemnities used by the Insured in connection with work or services at airports (copies of wordings will be of assistance):

15. Does your Motor Insurance cover the use of vehicles airside?

Yes No

If Yes what is the Limit of Liability provided?

16. Does your General Public Liability Insurance cover work airside?

Yes No

If Yes what is the Limit of Liability provided?

17. If previously insured, give details of any paid and outstanding claims over last 5 years or if not previously insured please give details of any incidents which may have given rise to a claim?

18. Has any insurance company or underwriter ever in connection with any public liability or motor insurance:

Declined your proposal? YES NO

Refused to renew your policy? YES NO

Cancelled your policy? YES NO

Required an increased premium or imposed any special conditions at any time? YES NO

If the answer to any of the above is "YES" please provide full details on a separate sheet.

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 certificate be issued.

I have read the above. I agree that to the best of my knowledge and belief it represents a true statement, and any additional information that may reasonably be considered by insurers as material information has been disclosed separately to this proposal.

SIGNATURE OF PROPOSER:

POSITION IN THE COMPANY:

DATE: