



## Submission Form

# AIRSIDE THIRD PARTY LEGAL LIABILITY INSURANCE

1. Name and Address of the Insured:

2. Period coverage is required (if known):

From  To

Duration of contract:

3. Name and location of Airport(s) work is to take place:

4. Limit of Liability required by Airport:

5. Cover required:

|                          |            |           |
|--------------------------|------------|-----------|
| Motor Vehicle Liability  | <b>Yes</b> | <b>No</b> |
| General Public Liability | <b>Yes</b> | <b>No</b> |

6. Please describe the business activity(ies) for which the coverage is required at the Airport location(s):

7. Please advise method of access to the site of work:

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|  |
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|   |            |           |
|---|------------|-----------|
| Is the site of work accessible to the general public? | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|

8. Please advise estimated contract value/turnover airside:

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|--|
|  |
|--|

9. Please advise the maximum number of vehicles expected to be airside (all locations) at any one time:

|                               |  |
|-------------------------------|--|
| Light Goods Vehicles:         |  |
| Heavy Goods Vehicles:         |  |
| Trailers:                     |  |
| Mechanically propelled plant: |  |

a) Please give details of vehicles control whilst airside:

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|  |
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|  |            |           |
|--|------------|-----------|
| b) Is cover for the working risk of mechanically propelled plant required? | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|

|   |            |           |
|---|------------|-----------|
| c) Is the minimum distance of vehicle or work from aircraft within 20 metres?<br><br>If Yes please give full details: | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|

|  |            |           |
|--|------------|-----------|
| d) Do your activities warrant you boarding aircraft?<br><br>If Yes please give full details: | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|

10. Please give particulars of all incidents that have resulted in claims or may give rise to claims in respect of activities at airports, vehicular or otherwise, in the last five years:

|  |
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|  |
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11. Has any insurance company or underwriter ever in connection with any aviation liability insurance:

|  |            |           |
|--|------------|-----------|
| (a) Declined your proposal?  | <b>Yes</b> | <b>No</b> |
| (b) Refused to renew your policy?                                    | <b>Yes</b> | <b>No</b> |
| (c) Cancelled your policy?   | <b>Yes</b> | <b>No</b> |
| (d) Required an increased premium or imposed any special conditions? | <b>Yes</b> | <b>No</b> |

If the answer is 'YES' to any of the above, please provide full details :

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.

Signed

Position in company

Date