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| 1. | Name of Insured: Address of Insured:(as required to appear on Certificate) |
| 2. | Cover required: Motor Vehicle Liability General Public Liability War, Hi-Jacking & Other Perils (AVN 52G) | YES/NOYES/NOYES/NO |
| 3. i) ii) | Duration of Contract: Period of insurance (including inception date if known): |
| 4. | Names of airports at which work is to take place: |
| 5. | Limit of indemnity required by airport: | GBP............................ |
| 6. | Full General business description: |
| 7. i)  ii)  iii)  iv) | Details of work/services to be undertaken at airports:(as required to appear on certificate)Advise method of access to site of work:.................................................................................................................................................. Is the site accessible to the general public (delete as applicable)Are you working in hangars/terminal buildings/runway/aircraft skirt (delete as applicable) | YES/NO |
| 8. | Estimated turnover airside? | GBP............................ |
| 9. i)  ii)iii)iv) | *Vehicle Category Maximum number airside at any one time* *(in total for all airports)*Light goods vehicleHeavy goods vehicleTrailers:Mechanically propelled plant:Does the client use Cranes?Is cover for the working risk of mechanically propelled plant required(delete as applicable) Give Details of type of plant being utilised:…………………………………………………………………………………………………………Give details of vehicles control whilst airside: ................................................................................................................................................ | ........................................YES/NOYES/NO |
| 10. i) ii) | Minimum distance of vehicle or work from aircraft – within 20 metresIf so, please give full details and distances: Do your activities warrant you boarding aircraft, if so, please give full details: | YES/NOYES/NO |
| 11. | Maximum number of Employees airside at any one time | .......... |
| 12. | State 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 (attach separate sheet) |
| 13. | Has any company or Underwriter ever, in connection, with Public Liability or Motor Insurance1. Declined your proposal?
2. Refused to renew your policy?
3. Cancelled your policy?
4. Required an increased premium or imposed special conditions?
 | YES/NOYES/NOYES/NOYES/NO |
| 14. | **Declaration**The information you have provided in this statement contains statements and facts that the underwriter will rely upon when deciding whether to accept this insurance and any terms offered including the amount of premium payable.During the period of the insurance you must tell your insurance advisor as soon as reasonably possible if you become aware that any of the information that you have provided has changed.I/We declare that:i. the statements and facts given are true and accurate.ii. if any statement or fact has been written by any other person, such person shall for that purpose be regarded as my/ our agent and not the agent of the Underwriters.iii. I am duly authorised to sign this statement on behalf of the proposer. |

**Date: Authorised Signatory:**