



SRIM Airport Contractors Liability Form

- 1. Name of Applicant _____
- 2. Mailing Address _____
- 3. Location/Airport at which the Insured is working _____
- 4. Limit of indemnity required _____
- 5. Duration of Contract _____
- 6. Duration of any maintenance _____

7. Type of contract:			Past 12 Months Gross Receipts	Next 12 Months Gross Receipts
a. Snow Removal	Yes	No	\$ _____	\$ _____
b. Grass Cutting	Yes	No	\$ _____	\$ _____
c. Runway/Taxiway Maintenance	Yes	No	\$ _____	\$ _____
d. Building Construction/Alteration	Yes	No	\$ _____	\$ _____
e. Fuel Deliveries (Not to airport)	Yes	No	\$ _____	\$ _____
f. Cargo/Courier warehouse pick up	Yes	No	\$ _____	\$ _____
g. Escort Vehicles	Yes	No	\$ _____	\$ _____
h. Electrical Work	Yes	No	\$ _____	\$ _____
i. Other	Yes	No	\$ _____	\$ _____

8. Describe Contract Fully (type of duties, etc):

9. When will the work be performed?
- | | | |
|--|-----|----|
| Entirely during airport operational hours? | Yes | No |
| Partly during airport operational hours? | Yes | No |
| Not during airport operational hours? | Yes | No |

10. Number of Staff _____ Turnover for Contract related to this proposal _____

11. Frequency of visits Airside and maximum number of vehicles Airside at any one time _____

12. When Airside please advise proximity to aircraft in yards / metres _____

13. State particulars of all claim during the last five years:

14. How many years experience does the applicant have providing this type of airport service? _____

15. Do you subcontract part of the contract?	Yes	No
If Yes, are the subcontractors required to be protected by the applicant?	Yes	No
If No, do you require subcontractors to carry their own insurance?	Yes	No

16. What safety precautions are taken during the contract?

17. Vehicles Used Airside at the Airport

1) Types of Vehicle _____
2) Number of each type _____

18. Site plan or description indicating position in relation to maneuvering areas and aprons and details of method work separated from aircraft movement areas: _____

19. Has any Company or underwriter ever

a) Refused to renew your Policy? _____
b) Cancelled your Policy? _____

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Insurers may investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by an authorized person in writing.

Date _____ **Applicant's Signature** _____

Brokers Name _____ Phone Number _____ Fax Number _____