

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:

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

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

a) Types of Vehicle

b) 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 review your Policy?

b) Cancelled your Policy?

Target Premium (if known):

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 Number: Phone Number: Fax Number: