

DUAL Commercial

Airside Liability

Submission form

DUAL



Airside Liability submission form

01. Name of insured:

02. Address of insured:

03. Period coverage is required (if known):

From:

To:

Duration of contract:

04. Name and location of airport(s) work is to take place:

05. Limit of liability required by airport:

06. Cover required:

a) Motor vehicle liability:

Yes

No

b) General public liability:

Yes

No

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

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

Is the site of work accessible to the general public?

Yes

No

08. Please advise estimated contract value
/turnover airside:

09. 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:

b) Is cover for the working risk of mechanically propelled plant required?

Yes

No

c) Is the minimum distance of vehicle or work from aircraft within 20 metres?

Yes

No

If **yes** please give full details:

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:

-
11. Has any insurance company or underwriter ever in connection with any aviation liability insurance:
- | | | |
|---|-----|----|
| a) Declined your proposal? | Yes | No |
| b) Refused to renew your policy? | Yes | No |
| c) Cancelled your policy? | Yes | No |
| d) Required an increased premium or imposed any special conditions? | Yes | No |

If the answer is **yes** to any of the above, please provide full details:

Declaration

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.

Signature:

Print name:

Position in company:

Print date:

DD MM YYYY

Helping you do more

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