

Proposal Form

Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

1. General information

- a. Name and address of the proposer: _____

- b. Principal's name and address: _____

- c. VAT Tax Registration Number (if applicable): _____

2. Operational details

- a. Location of works: _____
- b. Description of works (including detailed plans if available showing location of works in relationship to runways/taxiways):

- c. Period of works (plus maintenance period if applicable): _____

- d. What Limit of Liability sum insured (if any) are you required to purchase, or if you are the Airport Authority will you require the contractor to purchase? _____

- e. Total contract price (split between airside and non-airside work): _____

- f. Approximately how near will the contractor be working to aircraft on the ground? _____

- g. What type of aircraft are in the vicinity of the works? _____

- h. Will the contractor be working in the vicinity of runways in use, and if so, how near? _____

- i. Will runway(s) be closed whilst works is in progress? Yes No
- j. Are there any hangars containing aircraft in the vicinity of the works? Yes No
- k. Will 'Notams' be issued? Yes No

3. Claims history

a. Please give details of any claims, paid, or outstanding: _____

b. If Insured has not previously had insurance, please give details of any incidents which may have given rise to a claim:

Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer: _____

Title: _____

Signature: _____

(Signature must be preceded by the handwritten words: Read & Approved)

Stamp: _____

Date: _____

Note: Please note that each page of the proposal form should be signed by the Proposer or its legal representative.