

Third Party Legal Liability Insurance for Concessionaires or Others Working at Airports

THIS IS AN IMPORTANT DOCUMENT AND ALL QUESTIONS MUST BE ANSWERED IN FULL

1. Name of Insured :
(as required to appear on Certificate)

Address of the Insured:

- | | | |
|------------------------|---------------------------------|--------|
| 2. Cover required : | Motor Vehicle Property Damage * | YES/NO |
| (delete as applicable) | Motor Vehicle Bodily Injury * | YES/NO |
| | General Public Liability | YES/NO |

**(if coverage is required beyond that of just driving a vehicle airside, please ensure GPL coverage is also selected)*

- 3i Duration of Contract :
ii Period of Insurance (including inception date if known) :

- 4 List Airports at which work is to take place :

5. Limit of Indemnity required by Airport : GBP
Limit of Indemnity required by Republic of Ireland Airport: EUR

6. General Business description :

- 7i. Details of work/services to be undertaken at Airports :
(as required to appear on Certificate)

- ii Please provide details of site plans if available.
iii Advise method of access to site of work.

- | | |
|--|--------|
| iv Is the site accessible to the general public.
(delete as applicable) | YES/NO |
|--|--------|

- | | | |
|---|--|--|
| 8. Estimated Contract Value / Turnover at the Airport ? | of which GBP / EUR
of which GBP / EUR | is Airside as seen by the Airport Authorities
is Landside (if coverage required for works
landside at the Airport) |
|---|--|--|

- | | |
|----------------------|--|
| 9i. Vehicle Category | Maximum number airside at any one time
(in total for all airports). |
|----------------------|--|

7,499 Kg and under	-
7,500 Kg and over	-
Trailers	-
Mechanically Propelled Plant	-

- | | |
|---|--------|
| ii Is cover for the working risk of mechanically propelled plant required
(delete as applicable) | YES/NO |
| iii Give details of vehicles control whilst airside : | |

NB: Please do not list vehicle registration numbers.

10. i. Minimum distance of vehicle or work from aircraft - within 10 metres YES/NO
(delete as applicable)
If so please give full details :

ii. Do your activities warrant you boarding aircraft, if so please give full details: YES/NO

11. Estimated number of days working in or about the Airport premises:
(if less than 12 days during the Period of Insurance please estimate maximum number of days)

12. Does the Insured give any Undertaking or Indemnity to third parties in connection YES/NO
with work or services at airports other than Indemnity in connection with vehicle airside passes
(delete as applicable)
(If yes please provide a copy of undertaking or indemnity)

13. Do you have a written Contract or Disclaimer in connection with work YES/NO
or services at Airports
(delete as applicable)
(If yes please provide relevant insurance / indemnity pages)

14. Details of Insurances already held by the Insured :
(other than provided by Marsh Aviation Concessionaires Scheme)

i Third Party Motor: Third Party Property Damage : Name of Insurer :

Third Party Bodily Injury : Name of Insurer :

Does the above Insurance cover use of vehicles airside? YES/NO
(delete as applicable)

If yes, please state Limit of Indemnity provided for airside Third Party Property Damage : GBP
EUR

Third Party Bodily Injury : GBP
EUR

ii. General Public Liability Name of Insurer :

Does the above Insurance cover : **a) work carried out airside?** YES/NO
(delete as applicable)

If yes, please state Limit of Indemnity provided for airside GBP
EUR

**b) the working risk of mechanically
propelled plant airside?** YES/NO

15. 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 5 years.

16. Has any Company or Underwriter ever in connection with Public Liability or Motor Insurance
(delete as applicable)

- | | | |
|-----|--|--------|
| i. | Declined your proposal? | YES/NO |
| ii | Refused to renew your Policy? | YES/NO |
| iii | Cancelled your Policy? | YES/NO |
| iv | Required an increased premium or imposed special conditions? | YES/NO |

Declaration/Disclosure and Fair Presentation

We would remind you that when taking out (re)insurance that is subject to the laws of England and Wales, Scotland or Northern Ireland ("English law") it is your duty to disclose to (re)insurers all information, facts and circumstances which are, or ought to be, known to you and which are material to the risk and to do so in a reasonably clear and accessible manner. This duty arises when you take out and renew insurance, and when you vary an existing policy. A material circumstance is one that a prudent (re)insurer would consider influential in determining whether or not to provide cover, if so on what terms and what price to charge for the cover. Any material change in facts previously disclosed in connection with the (re)insurance should be advised to us if the coverage is to be amended or if the period of cover is to be extended at renewal. A fact should not be regarded as immaterial merely because it is not the subject of a question in this document and your duty is not limited to answering the specific questions that insurers or we ask you. If in any doubt as to whether information is material, you should disclose it, as failure to do so could prejudice your right to recover in the event of a claim or allow (re)insurers to apply additional terms or even to avoid the policy from inception and treat it as if it had never existed. You should also ensure that all the information you provide to us is correct. Your attention is specifically drawn, and we ask you to read carefully, the separate "The Duty of Disclosure and Fair Presentation" document, which sets out in further detail your duty to disclose all material circumstances. If having read the above and that document you think we need any further information, or if you have any questions, please let us know. If your (re)insurance policy is not governed by English law we recommend that you obtain independent advice as to your disclosure obligations under the relevant law.

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 (re)insurers in regard to this proposal.

I also confirm that I have read the understood the Duty of Disclosure and Fair Presentation document.

Date

Authorised Signatory

DATA PROTECTION SHORT FORM INFORMATION NOTICE (LAYER 1)

Your personal information notice

Who we are

We are the Chubb European Group Plc Trading As Chubb Global Markets, as identified in the contract of insurance and/or in the certificate of insurance.

The basics

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

Want more details?

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

Marsh Ltd
Victoria House
Queens Road
Norwich
Norfolk, NR1 3QQ

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