

INSURANCE QUESTIONNAIRE

AIRFIELD MANAGER

According to Article L 112-2 of the French "Code des Assurances", the insurance proposal does not commit either the insured or the insurer; only the contract or cover note establishes their mutual commitment.

I. - IDENTIFICATION OF THE APPLICANT

Name:

Address:

Phone: E-mail :

Has the applicant already taken out insurance for the risks covered by this proposal? OUI NON

For countries other than France, indicate whether there is a law whereby the insurance of land motor vehicles is compulsory OUI NON

If yes, specify the date and reference

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II. - GENERAL INFORMATION

Airfield name:

Airfield classification:

Is it open to the CAP or simply approved for restricted use?

Name of owner and/or licensor:

Name of operator and/or manager:

List of Companies, Clubs, Schools or aircraft operators of any capacity, based on the airfield

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Hangars located in the grounds of the airfield

USES	Number	surface area in m ²	Maximum value of all aircraft parked in the same hangar
Leased to third parties			
Made available for a fee			
Made available free of charge			

Car parks located within the grounds of the airfield

USES	Number fenced	Number unfenced	Number of overall spaces	
			Fenced Parks	Unfenced Parks
Rented globally				
Paying individuals				
Free individuals				

III. - RESPONSABILITY OF THE OPERATOR AND/OR MANAGER

DOES THE OPERATOR AND/OR MANAGER HAVE RESPONSABILITIES IN THE FOLLOWING SERVICES?

(Delete where not applicable)

Airport assistance

YES NO

If yes, please specify transportation companies using services:

- and have signed waiver of recourse against the Airport Authority (please join the formal clause)

.....

.....

- Have not signed the waiver of recourse

.....

.....

Fuel distribution

YES NO

If yes, please specify :

NON

- As owner

YES NO

- Premises :

YES NO

- Distribution Equipment.....

YES NO

- fuel.....

YES NO

If employees of the company perform fuel distribution

YES NO

or uses sub-contractors for such activity

YES NO

Other situations

.....

Volume of aircraft fuel delivered annually

- For last 12 months period

- For next 12 months period

Potentially self-delivered fuel for last 12 months

Airfield control YES NO

If yes, please specify :

- complete YES NO

- restricted to YES NO

- « operations » services » YES NO

- « Weather station » services YES NO

- Servicing of radio air navigation YES NO

Employees of the airfield:

- Agreed by the Aeronautical District to ensure that service YES NO

Number YES NO

- Made available and under the authority of the State YES NO

Number YES NO

Electrical Service YES NO

If yes, please specify :

- Electrical supply of lighting of runway and taxiway YES NO

- Electrical supply of radio air navigation YES NO

Operations and emergency services: YES NO

if yes, please specify :

Fire Fighting Equipment : - ownership of the airport YES NO

- Maintained by the airfield YES NO

Fire fighting employees under the authority of the State YES NO

Number YES NO

Medical Equipment: - ownership of the airfield YES NO

Medical employees under the authority of the State YES NO

Number YES NO

Restaurants - Bars operated by the manager

- Number of restaurants YES NO

- Number of bars YES NO

Wreck removal YES NO

Stop barriers YES NO

Rail facility under the control of the manager YES NO

Facilities under the control of the manager YES NO

- Number of automatic escalators YES NO

- Number of telescopic air bridges YES NO

- Number of lifts YES NO

IV. – AIRFIELD TRAFFIC			
	During the past calendar year	Estimated number for the current calendar year	Estimated number for the next calendar year
Aircraft movements			
a) Number of aircraft movements recorded (1)			
- Commercial Aircraft.....
- Tourist or business aircraft.....
- Military aircraft.....
- Prototype aircraft.....
b) Types of machines and maximum capacity by type for the largest machines:			
- Regular visits.....
- Occasional visits.....
	During the past calendar year	Estimated number for the current calendar year	Estimated number for the next calendar year
Commercial passenger			
- Number of arrivals (counted once).....
- Number of departures (counted once).....
- Number of passengers in transit (counted once)
Freight Traffic			
- Number of tons of arriving cargo.....
- Number of tons of departing cargo.....
Mail traffic			
- Number of tonnes of arriving mail.....
- Number of tonnes of departing mail.....
(1) movement of aircraft means either a landing or a take-off			

V. – FEES COLLECTED AND FORECASTS

Does the operator receive airfield fees?

YES NO

If, yes, please specify hereunder, for each mentioned section, amount of gross royalties (without tax applicable)

Gross royalties = royalties received at source, before possible transfer to State

	Performed on last 12 months period	Prévision pour l'année calendrier en cours Estimated for next 12 month period
a) Global aviation turnover (except to airport handling)
b) Global aviation turnover iro handling
- With the waiver of recourse clause against the Airport Authority
- Without the waiver of recourse clause

VI. - CAPITAL TO BE COVERED

Please specify minimum limit ordered by the Airport Authority, choosing one of the three following cases:

- a) anyone occurrence with a limitation of..... EUR for property damage.
- b) anyone occurrence (all claims together: bodily injury, property damage and consequential losses).
- c) anyone occurrence (property damage only, bodily injury excluded)

Please delete non chosen cases.

Is the civil liability of the operator covered, in case of fire, by a separate insurance contract?

YES NO

In this case, are aircraft located in hangars covered by this insurance?

YES NO

For which maximum amount €.

Are the vehicles parked in the car parks covered by this insurance?.....

YES NO

What is the capital covered by the contract for fire claims by third parties?

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Please enclose to the formal questionnaire the Airfield plan and the contract or agreement linked with the Airport (included the requirements specification).

Please also enclose examples of agreements with handling companies (See paragraph N°9)

Claims statistic for 5 years (date, circumstance, consequences, cost)

Concluded in on

The Applicant

ALL INFORMATION PROVIDED IN THIS QUESTIONNAIRE WILL BE STRICTLY CONFIDENTIAL.

THE UNDERSIGNED COMPANY DECLARES THAT ABOVE INFORMATION IS STRICTLY ACCURATE TO THE BEST OF HIS KNOWLEDGE. ANY NON DISCLOSURE OR INTENTIONALLY FALSIFIED DECLARATION, ANY OMISSION OR INACCURATE STATEMENT ENTAIL THE SANCTIONS PROVIDED BY ARTICLES L 113.8 (NULLITY OF THE CONTRACT) AND L 113.9 (REDUCTION OF THE INDEMNITIES) OF THE INSURANCE CODE. SIGNING THE PRESENT QUESTIONNAIRE SHALL IN NO WAY COMMIT THE APPLICANT TO TAKE OUT INSURANCE. NEVERTHELESS, IT IS AGREED THAT THIS DOCUMENT SHALL CONSTITUTE THE BASIS OF THE CONTRACT IF THE POLICY IS ISSUED.