

# AIRPORT ASSISTANCE SERVICES INSURANCE QUESTIONNAIRE

This proposal does not concern aircraft leased or loaned to third parties or operated by the insured

Please return this document completed and signed by email or by fax to +33 1 49 64 13 02

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.

## → Company Identification

Name and address of the registered office of the Company:

Address:

Phone:

E-mail :

Registered Number of the Company:

## → General information

If a company, its Legal Nature and Amount of Share Capital

Number of years in the activity to be insured

Places where aeronautical activities are carried out by the insured

Name of subsidiaries to be insured and other additional insured parties

Name of any subsidiary with an aviation activity to be named as additional insured:

Maximum number of employees used by the company (including temporary staff)

- of which flight crew

- including ground technicians

Name of company manager responsible for insurance matters:

Name of company manager in charge of quality and safety issues:

Standard(s) followed by the Company

→ **Risks to be covered:**

	Limits needed		
	YES	NO	AMOUNTS
<b>1. Operational Risks (Cover A):</b>			
<b>2. Risks associated with entrusted assets (Cover B):</b> Cover per claim for damage caused: <ul style="list-style-type: none"> <li>to aircraft assets (including aircraft of which the insured is guardian or custodian)</li> <li>to third parties due to the assets mentioned above (including occupants on board entrusted aircraft)</li> </ul>			
<b>3. Risks after delivery (Cover C):</b> Cover limit for the insurance period			

→ **Activities**

Turnover:

Year	20..	20..
Performed		
Estimated		

IATA ACTIVITIES (Annexe A)	YES	NO	OBSERVATIONS
<b>Representation and premises services:</b> (Liaison with local authorities, airport charge settlements, provision of premises, etc.)			
<b>Loading control, messaging and telecommunications:</b> (Sending and receiving documents between the aircraft and the airport and between the aircraft and ground-handling, etc.)			
<b>Control of loading units:</b> (Storage location, handling, management and custody of stock, etc.)			
<b>Passengers and baggage:</b> (Processing of passengers and baggage, schedule information, etc.)			
<b>Freight and mail:</b> (physical and documentary processing of freight and mail)			

Runway operations: (Guiding, moving, parking, loading and unloading aircraft, passengers, baggage and cargo, providing ground power units, security measures, etc.)			
Aircraft servicing; (Cleaning, toilet and water services, air conditioning and heating, etc.)			
Fuel and Oil: (Checking levels, carrying out or supervising topping up, etc.)			
Online maintenance: (Pre-flight visits, minor repairs, provision of parking, etc.)			
Flight operations and crew administration: (Flight file, weather information, flight planning and flight support, etc.)			
Ground Transportation: (Transport of crews, passengers, baggage, freight and mail, etc.)			
Logistical service: (Supply management, storage, etc.)			
Supervision and administration of services provided by third parties: (Coordination of support services, carrier and company liaison, etc.)			
Security: (Security of passengers, freight, mail, and aircraft access control, etc.)			
Other services provided: (Cold rooms, customs, etc.)			

Operating locations:

Has the airport requested compensation in case of damage (is there any contractual provisions? if, so, please provide a copy of these provisions) YES/NO

Does the Insured have a specific place to carry out its activity? YES/NO

Does the Insured use vehicles on Airside? If so, please provide details (owner, type, model, registration number, insurance conditions)

Type of aircrafts entrusted to the Insured during operations:

Average value and maximum value of entrusted assets:

SAAM - 8 avenue du Stade de France - 93218 La Plaine Saint Denis cedex

[www.saam-assurance.com](http://www.saam-assurance.com) - +33 1 49 64 13 07 - [contact@saam-assurance.com](mailto:contact@saam-assurance.com)

Société par actions simplifiées au capital de 139.261,77 euros

SIREN 572 031 870 – RCS Bobigny – N° Orias 07 003 050 - N° de TVA intracommunautaire FR 435572031870 – APE 6622 Z – SIRET 572 031 87000080

Type of equipment used to perform the activity:

Number of aircrafts handled per month (or per year):

- For catering; number of meals served
- For refuelling; volume distributed in thousands of litres

Number of landings per month (or per year)

Number of passengers per month (or per year)

Tons of freight/mail per month (or per year)

Number of airlines per month (or year)

Do you use subcontractors? If yes, please specify names of subcontractors

## CUSTOMERS

Name of your customers:

Type of contract:

- IATA HANDLING AGREEMENT Article 8 AHM 810
- IATA HANDLING AGREEMENT Article 8 AHM 811
- Other

Does this contract include a waiver of recourse clause? YES/NO

## OTHER QUESTIONS

Name of current insurer:

Contract effective date:

Claim statistics in the past 5 years:

DATE OF OCCURENCE	NATURE	ACTUAL AND ESTIMATED COSTS

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.*