

INSURANCE QUESTIONNAIRE

« RC REFUELLING »

This proposal does not concern aircraft leased or loaned to third parties or used by the insured/applicant.

Please return this document completed and signed by mail to SAAM VERSPIEREN GROUP

8 avenue du Stade de France – 93210 SAINT-DENIS,

, by fax +33 1 49 64 13 02 or by e-mail to « contact@saam-assurance.com »

(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).

→ Identification of the applicant or the insured

Name of the applicant/the insured:

Address:

Telephone number:

→ General points

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 Company manager responsible for insurance matters

Name of the Company manager responsible for issues of quality and safety

Standard(s) followed by the Company

→ Insurances

Has the Proposer been insured during the last three years for the proposed activity? YES/NO

If claims have arisen during the last 5 years, please complete the box below:

DATE OF OCCURENCE	NATURE OF DAMAGE	ACTUAL OR ESTIMATED COST

Also include events that could call into question your liability

→ Aircraft fuel distribution activities

Aircraft types involved in refuelling

Volume of fuel delivered annually (Litres/Hectolitres/or Gallons):

	ACHIEVED	FORECAST
- 100 LL		
- 130-145		
- JP 1		
- JP 4		
- Others		
TOTAL		

Turnover achieved incl. all taxes

Forecast Turnover

Main customers

Details on the services provided by the Subscriber

Who assumes the responsibilities associated with the storage, transportation and tank-filling operations?

- Insured
- Tanker
- Others (specify)

Is the maintenance of the tanks under Subscriber’s responsibility? YES NO

Does the Subscriber conduct aircraft fuel drain operations? YES NO

Specify the safety measures taken during refuelling or draining operations

Does the Subscriber perform vehicle refuelling? YES NO

What are the guarantees attached to these vehicles, as regards damage caused to third parties and aircraft?

Are there underground pipes?

Are there self-service points allowing customers to perform refuelling operations including through the use of credit cards? YES NO

Is the Company linked by agreements or conventions containing waivers of recourse or transfer of responsibility? YES NO

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

Concluded in on

The Applicant