

# AIRSIDE RISK QUESTIONNAIRE



PLEASE COMPLETE THIS RISK QUESTIONNAIRE AS ACCURATELY AS POSSIBLE AS YOUR QUOTATION MAY BE INVALID IF THE INFORMATION SUBMITTED TO INSURERS IS INCORRECT.

1. NAME AND ADDRESS OF INSURED: (AS REQUIRED TO APPEAR ON CERTIFICATE)

NAME:

ADDRESS:

POSTCODE:  TEL:

2. COVER:

MOTOR VEHICLE PROPERTY DAMAGE INCLUDED  MOTOR VEHICLE BODILY INJURY INCLUDED   
GENERAL PUBLIC LIABILITY INCLUDED

3. (A) DURATION OF CONTRACT:  (B) PERIOD OF INSURANCE (INCLUDING INCEPTION DATE IF KNOWN):

**NOTE: COVERAGE WILL EXCLUDE ANY LOSS THAT OCCURS PRIOR TO THE TIME OF DAY THAT HAYWARD AVIATION LIMITED RECEIVES INSTRUCTION FROM THE INSURED TO PLACE INSURANCE COVER.**

4. PLEASE LIST ALL THE AIRPORTS AT WHICH WORK IS TO TAKE PLACE:

5. PLEASE SPECIFY WHAT LIMIT OF INDEMNITY IS REQUIRED BY THE AIRPORT:

£  ANY ONE OCCURRENCE. STANDARD EXCESS: THE FIRST £1,250 ANY ONE OCCURRENCE.  
DO YOU REQUIRE LIMITED WAR RISKS COVERAGE TO BE PROVIDED?  YES  NO

6. PLEASE PROVIDE A GENERAL DESCRIPTION OF THE BUSINESS ACTIVITY:

7. (A) PLEASE DETAIL THE NATURE OF WORK/SERVICES TO BE UNDERTAKEN AT AIRPORTS:  
(AS REQUIRED TO APPEAR ON CERTIFICATE)

IS ANY HEAT WORK INVOLVED?:  YES  NO

(B) PLEASE PROVIDE DETAILS OF SITE PLANS, IF AVAILABLE  YES  NO

(C) WHAT METHOD OF ACCESS TO THE SITE OF WORK IS THERE?.

(D) IS THE SITE ACCESSIBLE TO THE GENERAL PUBLIC?:  YES  NO

8. WHAT IS THE ESTIMATED CONTRACT VALUE / TURNOVER AIRSIDE?: £

9. (A) I. PLEASE PROVIDE DETAILS OF THE TYPES OF VEHICLE TO BE USED:

MAX NO. AIRSIDE AT ANY ONE TIME (IN TOTAL FOR ALL AIRPORTS).

7,499KG AND UNDER   
7,500KG AND OVER   
TRAILERS   
MECHANICALLY PROPELLED PLANT

II. IS COVER FOR THE WORKING RISK OF MECHANICALLY PROPELLED PLANT REQUIRED?:  YES  NO

III. PLEASE GIVE DETAILS OF CONTROL VEHICLES WHILST AIRSIDE:

(B) IF NO VEHICLES, PLEASE STATE THE MAXIMUM NUMBER OF PEOPLE AIRSIDE AT ANY ONE TIME:

10. (A) WILL ANY VEHICLE BE OPERATED WITHIN 20 METRES OF AN AIRCRAFT.  YES  NO  
IF YES, PLEASE PROVIDE FULL DETAILS

(B) DOES YOUR WORK REQUIRE YOU TO BOARD AIRCRAFT?  YES  NO  
IF YES, PLEASE PROVIDE FULL DETAILS

11. PLEASE PROVIDE AN ESTIMATE OF THE NUMBER OF VISITS AIRSIDE:   
(IF LESS THAN 12 VISITS PER ANNUM PLEASE ESTIMATE NUMBER OF VISITS)

12. DO YOU GIVE ANY UNDERTAKING OR INDEMNITY TO THIRD PARTIES IN CONNECTION WITH WORK OR SERVICES AT AIRPORTS OTHER THAN INDEMNITY IN CONNECTION WITH VEHICLE AIRSIDE PASSES?:  YES  NO  
(IF YES PLEASE PROVIDE A COPY OF THE UNDERTAKING OR INDEMNITY)

13. DO YOU HAVE A WRITTEN CONTRACT OR DISCLAIMER IN CONNECTION WITH WORK OR SERVICES AT AIRPORTS?:  YES  NO  
(IF YES PLEASE PROVIDE RELEVANT INSURANCE / INDEMNITY PAGES)

14. PLEASE PROVIDE INFORMATION ON OTHER INSURANCES YOU PRESENTLY ARRANGE:  
(OTHER THAN PROVIDED BY HAYWARD AVIATION LIMITED AIRSIDE LEGAL LIABILITY SCHEME)

(A) THIRD PARTY MOTOR:  THIRD PARTY PROPERTY DAMAGE:  NAME OF INSURER:

THIRD PARTY BODILY INJURY:  NAME OF INSURER:

DOES THE ABOVE INSURANCE POLICY(S) COVER USE OF VEHICLES AIRSIDE?:  YES  NO  
IF YES, PLEASE STATE LIMIT OF INDEMNITY PROVIDED FOR AIRSIDE

THIRD PARTY PROPERTY DAMAGE: £  THIRD PARTY BODILY INJURY: £

(B) GENERAL PUBLIC LIABILITY: £  NAME OF INSURER:

DOES THE ABOVE INSURANCE POLICY COVER:  
A) WORK CARRIED OUT AIRSIDE?  YES  NO

IF YES, PLEASE STATE THE LIMIT OF INDEMNITY PROVIDED FOR AIRSIDE £

B) THE WORKING RISK OF MECHANICALLY PROPELLED PLANT AIRSIDE?  YES  NO

15. PLEASE PROVIDE DETAILS 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

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

I/WE DECLARE THAT THE STATEMENTS AND PARTICULARS ARE TRUE AND THAT NO INFORMATION HAS BEEN WITHHELD THAT MIGHT INFLUENCE ACCEPTANCE OF THE INSURANCE, AND I/WE AGREE THAT THIS FORM, SIGNED BY OR CAUSED TO BE SIGNED BY ME/US SHALL BE THE BASIS OF, AND FORM PART OF THE CONTRACT BETWEEN ME/US AND THE UNDERWRITERS, AND TO ACCEPT A CERTIFICATE SUBJECT TO THE TERMS, EXCEPTIONS, AND CONDITIONS PRESCRIBED THEREIN.

AUTHORISED SIGNATORY:  DATE:

REGISTERED OFFICE: TOWERGATE HOUSE, ECLIPSE PARK, SITTINGBOURNE ROAD, MAIDSTONE, KENT ME14 3EN  
EMAIL: INFO@HAYWARDS.NET WEB: WWW.HAYWARDS.NET TEL: +44 (0)20 7902 7800 FAX: +44 (0)20 7928 8040

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