

**AVIATION LEGAL LIABILITY INSURANCE PROPOSAL FORM**

**(FOR AIRPORTS CONTRACTORS OTHER THAN GROUND HANDLERS)**

**1. PROPOSER DETAILS:**

**Proposer's Name**

(as to appear on the quotation) -----

Address -----

Commercial Registration -----

Brief List of Completed Projects: -----  
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Brief List of Projects in Operation -----

**2. CONTRACT(S) DETAILS:**

**Contract Name**

Contract No(s). -----

Number of employees/persons involved  
 in fulfilling the Contract -----

Annual Wage Roll (Saudi Riyals) -----

Annual Turnover/Contract Value -----

**3. OPERATION DETAILS:**

**Exact Details of Works Involved and/or**

Duties to be Performed -----  
 -----

Precise location(s) where works will be  
 undertaken. -----

Proximity to  
 Runways/Taxiways/Aircraft -----

Are any Vehicles to be Used | |

Who Owns the Vehicles |

**Contractor** |

**IAP** |

**Both (please give details)**



**Details of Vehicles**


Type of Plants/Machinery/Equipment  
to be used

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**4. INSURANCE DETAILS**

**Limit of Liability Required (SR).**

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Period of Insurance

From ..... To .....

Type of Cover Required

- Bodily Injury and/or Property Damage to Third Parties**
- Loss or Damage to Third Party Aircraft or Aircraft Equipment**
- Product Liability**

*Do you want to extend the cover to*

Include:

I. Vehicle Liability in the locations

Mentioned above?  **Yes**  **No**

II. Property in your care, custody  
Or control?

**Yes**  **No**

If so, please indicate  
the limit required:----- any one  
occurrence and in the annual aggregate

**What is the loss record over the past**

5 years in respect of each individual  
contractor / sub-contractor on all  
works undertaken not only proposed  
contract?

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**5. KINDLY PROVIDE US WITH THE FOLLOWING:**

Copy of the contract clauses related to insurance  
Any other information you consider relevant.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been misstated or suppressed. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS  
INSURANCE**