



IRISH AVIATION AUTHORITY INSURANCE DECLARATION

We _____ (Name)
acting as Insurance Broker to

Name and address of Groundhandler: Please ensure that correct company name is entered - ie the Groundhandling Approval holder.

Confirm that the said groundhandler has valid Insurance as set out in Policy/Policies Number(s)

Lead Insurer(s)*

***If the Lead Insurer is Lloyds, please include syndicate number.**

We certify that the following minimum insurances are in place in respect of our operations at Irish airports (please insert expiry date of insurances in the relevant column):

Type of Cover	Minimum Limit	Expiry Date
Public Liability (Please tick here if cover also includes Products Liability)		
• Airside	€127,000,000	
• Landside	€6,350,000	
• War Risks	US\$50,000,000	
• Motor Vehicles (Property Damage)	€127,000,000	

Employers Liability €13,000,000

Motor Cover – as required under the Irish Road Traffic Acts for vehicles operating on public roads. Please note all roads (including Airside) at a State Airport (Dublin, Cork and Shannon Airports) are deemed a public place in accordance with relevant Irish legislation and must be insured accordingly. A specific airside extension is also required as per the relevant Airport Rules of Conduct.

- | | |
|---------------------|-----------|
| • Bodily Injury | Unlimited |
| • Property Damage* | |
| • Airside Extension | YES |

**Please enter limit of liability provided under the motor policy for property damage (cover may be limited, provided that excess cover is placed on the Handler's public liability policy up to the indemnity limit of €127 million on that policy).*



Please outline any restrictive endorsements, conditions or warranties noted on the policy in respect of the groundhandling activities that will be carried out:

The following conditions with regard to cancellation are applicable (all conditions with regard to cancellation are to be stated):

We undertake to notify the Irish Aviation Authority regarding any lapse or mid-term cancellation of this policy.

Date of issue:

Signature:

Name (BLOCK CAPITALS):

Name of Insurer/Broker:

Address:

Tel:

E-mail address: