



INSURANCE DECLARATION

We _____ (Name)

acting as Insurance Broker or Lead Insurer to

Name and Address of groundhandler:

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

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
<i>Public Liability</i>		
• Airside	€127,000,000	
• Landside	€6,350,000	
• War Risks	US\$50,000,000	
• Motor Vehicles	€127,000,000	
<i>Employers Liability</i>	€12,700,000	
<i>Motor Cover</i>		
• Bodily Injury	Unlimited	
• Property Damage	€114,276	
• Airside Included	YES	



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

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We undertake to notify the Commission for Aviation Regulation regarding any lapse or mid-term cancellation of this policy.

Date of issue: _____

Signature: _____

Name (BLOCK CAPITALS): _____

Tel: _____

Fax: _____

E-mail address: _____

Company Stamp: