

9. What is the insured responsible for:

Please provide details of work and turnover (actual turnover for the past 12 months and estimated for the 12 months) for each of the following activities:

- a. Representation and accommodation-----
- b. Load control and communications-----
- c. Unit load device control-----
- d. Passengers and baggage-----
- e. Cargo and mail-----
- f. Ramp-----
- g. Aircraft servicing-----
- h. Fuel Oil-----
- i. Aircraft Maintenance-----
- j. Flight Operations and crew admissions-----
- k. Surface transport-----
- l. Catering services(galley belly change)-----
- m. Supervision and administration-----
- n. Security-----

Any cover provided that is ultimately provided will be in respect of legal liability for bodily injury /property damage following an occurrence arising out of the insured's aviation activities only.

10. If previously insured , give detail of any paid and outstanding claims.-----

DECLARATION

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are the true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.

Signed:-----

Title-----

Company-----

Date:-----