Application for approval to drive in the restricted area of Stuttgart Airport for the year 2024

Appendix 2: Confirmation of insurance coverage

We hereby confirm that for the vehicles of our policy holder

Company name (for individuals: Surname, first name): …… **Address:** ……

with the following registration numbers

there is insurance protection in place for the following scope:

Policy period: ……

Policy total for personal injury / damage to property and assets: ……

Insurance total for personal injury per injured person: ……

The insurance protection also applies to using the vehicle in the restricted area of Stuttgart Airport.

The following restrictions apply to the insurance protection stated above:

……

……

The insurance company is obliged to inform Flughafen Stuttgart GmbH without delay if the insurance protection is no longer in place in the scope certified above (email: ADM@stuttgart-airport.com).

Date: …… **Company stamp / signature:** …… **of the insurance company**