Application for approval to drive in the restricted area of Stuttgart Airport for the year 2027

Appendix 2: Confirmation of insurance coverage

We hereby confirm that for the vehicle 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