

AIRPORT GROUND HANDLERS QUESTIONNAIRE

Note	Questionnaire	2025
1	Name and address of Insured:	Aviation Ground Services Co.,Ltd - AGS
2	Location of premises where work carried out:	CXR
3	Largest aircraft using the airports where Insured working:	B757/ B767/ B777/ B787 / A330 / A350
4	Number of employees:	350
5	Number and type of vehicles:	75
	Split:	
	a) Airside	73
	b) Non-airside	2
6	Names of Carriers to which the Insured provides a ground handling service:	<ul style="list-style-type: none"> - Viet Nam Airlines VNA - Pacific Airlines BL - China Southern Airlines CZ - Jeju Air 7C - Hong Kong Express Airways UO - Small Planet Airlines RD - Okay Airway BK - Qing Dao Airlines QW - Eastar Jet ZE - Air Seoul RS - Eznis Airway MG - Cambodia Airways KR - Samarkand Air 9S - Air Macau NX - Qanot Shard HH - Starlux Airlines JX - SkyUp Airlines U5 - DongHai Airlines DZ - IrAero Airlines IO - Azur Air ZF - AeroFlot SU - Red Wings Airlines WZ - Charter Flights
7	Types of aircraft in respect of which services are provided: Is an IATA Ground Handling Agreement incorporating Article 8 [Liability and Indemnity] agreed with all carriers. Please provide details	A319/A320/ A321/ B737/ SU9/ E190/ ATR72 B757/ B767/ B777/ B787 / A330 / A350
	Basis of Article 8 or 8.50?	8.50



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8	If Article 8.50 applicable, limit of indemnity given by ground handler to carrier in excess of USD 3,000?	1.500.000 USD
	If not IATA Ground Handling Agreement, please supply details of standard Contract Indemnity, if any:	N/A
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 next 12 months) for each of the following activities:	~ 6.000.000 USD
	a) Representation & accommodation b) Load control & communication c) Unit load device control d) Passenger & baggage e) Cargo & mail f) Ramp g) Aircraft servicing h) Surface transport i) Supervision & administration	
	Any cover 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.	N/A
10	If previously insured, give details of any paid and outstanding claims.	N/A
	If uninsured, give details of any payments made to claimants.	N/A



I/we declare that to the best of our knowledge and belief the above statements are true and that no material information has been withheld.

Signing this form does not blind the proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

Date: 
Signature of Proposer:  **Đặng Đức Hoàn**

Company stamp: