

Application for approval to drive in the restricted area of Stuttgart Airport for the year 2025

Appendix 2: Confirmation of insurance coverage

| Company name (for | individuals: Surname, | first name): | | |
|--------------------|------------------------|--|---------------------|-----------------------|
| Address: | | | | |
| | | | | |
| with the followin | g registration nur | nbers | | |
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| | | ge to property and as injured person: | | |
| The insurance pro | tection also applies | to using the vehicle in | the restricted area | of Stuttgart Airport. |
| The following rest | rictions apply to the | insurance protection | stated above: | |
| | | | | |
| • | n is no longer in plac | orm Flughafen Stuttga e in the scope certifie | | elay if the |
| Date: | • | ny stamp / signature: nsurance company | | |