

**Application for approval to drive in the restricted  
area of Stuttgart Airport for the year 2026**

**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**