

AIRPORT LIABILITY APPLICATION

Legal Name of Applicant: _____

Physical Address: _____

Mailing Address: _____

Airport Based At: _____ **Identifier:** _____

Policy Period: from 12:01 am on _____ until 12:01am on _____ *local time at address above*

Business or Occupation of Applicant: _____ Years in Business: _____

Applicant Is: Individual(s) Corporation Partnership FAA Repair Station Member owned non profit
 Other

PRODUCTS & COMPLETED OPERATIONS OF APPLICANT: *Indicate all operations performed & estimated annual gross receipts*

Total Estimated Sales: \$ _____ New Aircraft Sales: \$ _____ Used Aircraft Sales: \$ _____ Passenger Charter: \$ _____ # Hrs: _____ Cargo Charter: \$ _____ # Hrs: _____ Brokered Charter: \$ _____ # Hrs: _____ Instruction & Rental: \$ _____ # Hrs: _____ Ground Handling/Freight Loading & Unloading: \$ _____ Restaurant/Catering: \$ _____ Tie-downs & Hangaring: \$ _____ # Tie-down Spaces: _____ # Hangars: _____ Deicing Sales: \$ _____ Deicing Gallons Sold: _____ Gals. Misc. Line Services: \$ _____ Other Misc. Sales: \$ _____	Aircraft Maintenance: \$ _____ % Piston Maintenance _____ % % Turbine Maintenance _____ % Avionics Maintenance: \$ _____ Turbine Maintenance: \$ _____ Piston Maintenance: \$ _____ Rotor Wing Maintenance: \$ _____ Parts Sales Not Installed: \$ _____ Amount of Engine Overhaul: _____ Amount of Prop Overhaul: _____ Aircraft Interiors: \$ _____ Aircraft Painting/Refinishing: \$ _____ Pilot Supplies: \$ _____ Details: _____ Details: _____
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AIRCRAFT FUELING INFORMATION

On Premises? NO YES Done by Applicant? NO YES Fueling by: Truck Hydrant Pump Gas Pit

Type(s) of Fuel Sold: AVGAS JET A AUTO GAS

Fuel Storage Facility: UST AST # of Tanks: _____ Gallons Per Tank: _____

Annual Fuel Sales & Gallons Pumped:

Jet	\$ _____	Gallons	Airline	\$ _____	Gallons
Avgas	\$ _____	Gallons	Military	\$ _____	Gallons

TIEDOWNS & HANGARING BY APPLICANT *Any aircraft in applicants care, custody &/or control*

Are any aircraft of others taxied, towed, moved, or handled by applicant? NO YES

\$ _____ Avg. value of any one aircraft handled by applicant \$ _____ Avg. total value all aircraft

\$ _____ Max. value of any one aircraft handled by applicant \$ _____ Max. total value all aircraft

\$ _____ Max. value of all aircraft in any one of applicants hangars

CONTRACTS

1. Has Applicant entered into any written agreements assuming the liability of others, such as lease of premises, **fuel supplier** agreement, equipment lease, etc.? If yes, attach copies of contracts. NO YES
2. Does Applicant use uniform customer contracts for Hangaring, Servicing, etc.? If yes, attach copies of contracts. NO YES

APPLICANTS VEHICLES, ELEVATORS & AIRCRAFT

Indicate the number of each type of vehicles maintained for use exclusively on the airport premises

_____ # Fuel Trucks	_____ # Snow Removal	_____ # Fire Engines	_____ Other (describe)
_____ # Hydrant Carts	_____ # Passenger Cars	_____ # Pick-up Trucks	_____ # Sweepers
_____ # Tugs	_____ # Escalators	_____ # Fixed Wing aircraft owned/operated by Applicant	
_____ # Elevator	_____ # Moving Sidewalks	_____ # Rotary Wing aircraft owned/operated by Applicant	

AIRPORT DESCRIPTION-

of aircraft based at airport: _____ Airline _____ General Aviation _____ Military _____ Elevation _____
 Longest runway is: _____ feet Runway is: Concrete Turf Gravel Blacktop Other _____
 Is Air Traffic controlled? NO YES Controlled by: Tower Unicom Unicom operated by: _____
 Runway lighting? NO YES Is there an Airport Manager? NO YES Employed by: _____
 Is Manager on Airport Premises during hours of operation? NO YES Hrs of Operation: _____
 Fire Station located at Airport? NO YES If no, it is: _____ miles from the airport Is airport fenced? NO YES
 Who maintains the Airport? _____

COVERAGES & LIMITS TO BE QUOTED

General Aggregate:	\$ _____	Other than Products/Completed Ops & Hangarkeeper's
Premises Liability:	\$ _____	Each Occurrence
Products/Completed Operations:	\$ _____	Each Occurrence/Aggregate
Personal & Advertising Injury:	\$ _____	Each Occurrence/Aggregate
On Airport Premise Auto Liability:	\$ _____	Each Occurrence/Aggregate
Fire Legal Liability:	\$ _____	Any One Fire
Medical Expense Limit:	\$ _____	Any One Person
Hangarkeeper's Liability:	\$ _____	Each Aircraft \$ _____ Each Occurrence
	\$ _____	Deductible Each Aircraft

ADDITIONAL INTERESTS

Are there any companies who require Additional Insured status with regard to your operations? NO YES
 If YES, provide Name, Address, & Interest:

LOSS HISTORY & PREVIOUS AVIATION INSURANCE

1. Has applicant had any aviation/aircraft losses, claims, or incidents in the past five (5) years? NO YES
 If YES, provide details: _____
2. Has any insurer cancelled, declined, sent notice of cancellation, or refused to renew any aviation insurance?
 NO YES If YES: _____

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

All answers herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed, and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this company to investigate all or any qualifications or statements contained herein.

Applicant's Signature X Date: _____

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance.