



AIRPORT INSURANCE APPLICATION

Name of Applicant: _____

Address _____

Applicant is: Corporation Municipality Other _____ Whose business is _____
 Internet Website? : _____

Quotation for Airport Liability Insurance is requested for an annual period beginning _____ 20____

Name of Airport _____ Located _____ Miles _____ of _____
 (NESW) (City)

Applicant is: Tenant General Lessee Airport Owner

Applicant Occupies Which Portion of Airport? Entire Portion (explain) _____

If applicant is General Lessee or Airport Owner: Are any Ultralight – Parachuting – Agriculture activities allowed on premises
 No Yes (explain) _____

Operations of Applicant – indicate all operations and estimated annual gross receipts the insured engages in.

Aircraft Painting	\$ _____	Propeller Repair	\$ _____	all other sources and receipts below	
Fuel & Lubricants	\$ _____	Aircraft Charter	\$ _____	Other	\$ _____
Engine Overhaul	\$ _____	Rental & Instruction	\$ _____		\$ _____
New Aircraft	\$ _____	Helicopter Repairs	\$ _____		\$ _____
Used Aircraft	\$ _____	Restaurant	\$ _____		\$ _____
Aircraft Parts(not installed)	\$ _____	Auto Parking	\$ _____		\$ _____
Tiedowns & Hangaring	\$ _____	Aircraft Repair/servicing	\$ _____		\$ _____

Fueling: On Premises? No Yes - Done by Applicant? No Yes - or by Whom? _____
 Fueling is by? Truck Hydrant Gas Pump Gas Pit Self-Serve

Annual Gallonage: Airline _____ gallons General Aviation _____ gallons Military _____ gallons

Type of Fuel Sold: AVGAS JET FUEL AUTO FUEL / Storage Facilities: Underground _____ gals Above ground _____ gals

Are static lines attached during refueling operations? No Yes Are U.L. approved fire extinguishers carried on each fueling vehicle No Yes

- COVERAGE -

Limits of Liability (Check box for coverages desired) <input type="checkbox"/> Premises <input type="checkbox"/> Hangarkeepers <input type="checkbox"/> Products & Completed Operations						
(State Limits of Liability Desired)	Premises (PD/BI)		Ground Hangarkeepers Liability		Products – Completed Operations	
	Each Occurrence	Each Aircraft	Each Occurrence	Each Person	Each Occurrence	CSL
	\$	\$	\$	\$	\$	\$
Premium	\$	\$		\$		

Applicant's Vehicles, Elevators and Aircraft

Indicate the number and type of vehicles maintained for use exclusively on the Airport premises:

Fuel Trucks _____ Snow Removal _____ Fire Engines _____ Tugs _____ Mowers _____

Hydrant Carts _____ Pick-Up Trucks _____ Passenger Cars _____ Sweepers _____ Other _____

State number of: Elevators _____ Escalators _____ Moving Sidewalks _____

State number of Aircraft owned or operated by Applicant _____ Number of Helicopters _____

Contracts – Has Applicant entered into any written agreements assuming the liability of others,
 Such as lease of Premises, Fuel Supplier, Equipment lease, etc.? No Yes (attach Copies)

Does Applicant use contracts for Hangaring, Tie Down service, etc.? No Yes (attach Copies)

Construction by Independent Contractors – show estimated cost by type of construction.

Runways & Taxiways \$ _____ next year: All Others (describe) _____ \$ _____

Airport Description – Elevation is _____	ft.; Longest Runway is _____	ft.; FAA Identifier _____
Are any approaches obstructed: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____		
Any Sea lanes <input type="checkbox"/> No <input type="checkbox"/> Yes (describe) _____		
Number of Aircraft based at Airport: Airline _____, General Aviation _____, Military _____		
Runway Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Turf <input type="checkbox"/> Gravel <input type="checkbox"/> Blacktop <input type="checkbox"/> Other _____		
Are all Runways lighted? <input type="checkbox"/> No <input type="checkbox"/> Yes – Who is responsible for turning them on? _____		
Is Air Traffic controlled? <input type="checkbox"/> No <input type="checkbox"/> Yes - <input type="checkbox"/> Tower <input type="checkbox"/> Unicom – Operated by _____		
Is there an Airport Manager? <input type="checkbox"/> No <input type="checkbox"/> Yes Employed by _____		
Is Manager on Premises during hours of operation? <input type="checkbox"/> No <input type="checkbox"/> Yes - Hours of Operation _____ to _____		
Is Fire Station located at Airport? <input type="checkbox"/> No <input type="checkbox"/> Yes, It is _____ miles from the Airport. Is Airport Fenced? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Who maintains the Airport taxiways and runways? _____		

If Applicant is Owner or General Lessee – Complete the following:			
Any Recreational or other Non-Aviation facilities or use of Airport Premises? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe) _____			
List Airlines and scheduled Air Taxis that will serve this Airport during next three years: _____			
Type of Airline/Commuter Equipment _____			
Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

Tie Down & Hangaring by Applicant – Are Aircraft of others taxied, towed or moved by Applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are any aircraft tied-out <input type="checkbox"/> No <input type="checkbox"/> Yes - Who provides Tie Down ropes / chains, etc? _____ Type of Tie downs _____	
Average Number of Aircraft Tied-Down _____	
Avg value of any one aircraft in care & custody of the applicant \$ _____	
Max value of any one aircraft in care & custody of the applicant \$ _____	
Avg value of all aircraft in care & custody of the applicant \$ _____	
Max value of all aircraft in care & custody of the applicant \$ _____	
Description of Storage hangars: _____	

Loss History and Previous Aviation Insurance	Explain each "Yes" Answer
Has Applicant had any Airport / Aviation losses / claims during last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explanation should include description of Loss, Loss &Expense Reserves, Loss Payments and Total Incurred, explain _____	
Has any Insurer cancelled, declined or refused to Renew any Airport / Aviation Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____	
Name of last or present Airport / Aviation Insurance Company _____ Present Insurance Expires _____	

I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material, information has been withheld or suppressed and I agree that this Application shall be a basis of my acceptance by the quoting or insuring company.

Additional Insured Required For:	Name	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE _____ APPLICANT'S SIGNATURE _____
 This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this Insurance. (The Applicant's Insurance Agent may not sign the Application for the Applicant.)

Producer _____

Complete All Items