



# Airport Liability Insurance Application

## AIRPORT 2000

Name of Applicant \_\_\_\_\_

Mail Address \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership/LLC  Government Entity  Other: \_\_\_\_\_

Applicant's business is: \_\_\_\_\_ Yrs. In Business: \_\_\_\_\_

Applicant is:  TENANT  GENERAL LESSEE  AIRPORT OWNER No. of Employees \_\_\_\_\_

Applicant occupies what part of airport?  ENTIRE  PORTION (explain): \_\_\_\_\_

NAME OF AIRPORT: \_\_\_\_\_ City & State \_\_\_\_\_ FAA ID \_\_\_\_\_

If applicant is a general lessee or airport owner, are any ultralight, parachuting, agriculture activities allowed on premises?  YES  NO

If "YES" please explain: \_\_\_\_\_

**INSURANCE COVERAGE & LIMITS** (Indicate Coverage and Limits Desired): Proposed Effective Date of Coverage: \_\_\_\_\_

- PREMISES  PRODUCTS/COMPLETED OPERATIONS  HANGARKEEPER'S  MEDICAL PAYMENTS  FIRE LEGAL LIABILITY  
 INDEPENDENT CONTRACTORS  CONTRACTUAL LIABILITY  PERSONAL INJURY LIABILITY  ADVERTISING INJURY LIABILITY

<b>TOTAL POLICY COVERAGE LIMIT</b>	\$ _____	EA. OCCURRENCE	HANGARKEEPER'S LIABILITY	\$ _____	EA. AIRCRAFT
AIRPORT OPERATIONS	\$ _____	EA. PERSON		\$ _____	EA OCCURRENCE
	\$ _____	EA OCCURRENCE		\$ _____	DEDUCTIBLE
PRODUCTS / COMPLETED OPERATIONS:	\$ _____	EA. PERSON	PERSONAL INJURY LIABILITY	\$ _____	EA OCCURRENCE
	\$ _____	EA OCCURRENCE		\$ _____	ANN. AGGREGATE
	\$ _____	ANN. AGGREGATE	ADVERTISING INJURY LIABILITY	\$ _____	EA OCCURRENCE
INDEPENDENT CONTRACTORS:	\$ _____	EA. OCCURRENCE		\$ _____	ANN. AGGREGATE
CONTRACTUAL LIABILITY:	\$ _____	EA. OCCURRENCE	MEDICAL PAYMENTS	\$ _____	EA. PERSON
FIRE LEGAL LIABILITY:	\$ _____	EA. OCCURRENCE		\$ _____	EA. OCCURRENCE

**OPERATIONS OF APPLICANT** Indicate ALL operations and estimated annual gross receipts (Use additional sheets if necessary):

AIRCRAFT PAINTING	\$ _____	PROPELLER REPAIR / OVERHAUL	\$ _____
FUEL AND LUBRICANTS	\$ _____	PARTS NOT INSTALLED	\$ _____
AIRCRAFT REPAIRS & SERVICES	\$ _____	FOOD / VENDING	\$ _____
HELICOPTER REPAIRS & SERVICES	\$ _____	OTHER (Specify) _____	\$ _____
ENGINE OVERHAUL	\$ _____	OTHER (Specify) _____	\$ _____

### APPLICANT'S VEHICLES, ELEVATORS & AIRCRAFT

Indicate the number and type of vehicles maintained for use EXCLUSIVELY on the airport:

FUEL TRUCKS \_\_\_\_\_ MOWERS \_\_\_\_\_ SNOW REMOVAL \_\_\_\_\_ FIRE ENGINES \_\_\_\_\_ AIRCRAFT TUGS \_\_\_\_\_  
MOBILE EQUIP. \_\_\_\_\_ SWEEPERS \_\_\_\_\_ PASSENGER CARS \_\_\_\_\_ PICKUP TRUCKS \_\_\_\_\_ OTHER \_\_\_\_\_

NUMBER OF ELEVATORS \_\_\_\_\_ NO. OF ESCALATORS \_\_\_\_\_ MOVING SIDEWALKS \_\_\_\_\_

NUMBER OF AIRCRAFT OWNED OR OPERATED BY APPLICANT: \_\_\_\_\_ NUMBER OF HELICOPTERS: \_\_\_\_\_

### CONTRACTUAL LIABILITY

Has applicant entered into any written agreements assuming the liability of others, such as under a lease of premises, fuel supplier contract or equipment lease?

YES  NO If "YES", please attach copies of all such agreements.

Does Applicant use uniform customer contracts for hangaring, service, etc.?  YES  NO If "YES", please attach copies of all such agreements.

### INDEPENDENT CONTRACTORS

Show estimated cost by type of construction expected during the next 12 months, if any:

RUNWAYS & TAXIWAYS \$ \_\_\_\_\_ ALL OTHERS (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

### FUELING OPERATIONS

On Premises?  YES  NO By Applicant?  YES  NO FUELING is by  TRUCK  PUMP  Other: \_\_\_\_\_

Annual Gallonage: AIRLINE \_\_\_\_\_ GENERAL AVIATION \_\_\_\_\_ MILITARY \_\_\_\_\_

TYPE OF FUEL SOLD:  AVGAS  JET FUEL  AUTO GAS

FUEL STORAGE FACILITIES: UNDERGROUND \_\_\_\_\_ Gallons ABOVE GROUND \_\_\_\_\_ Gallons

Are static lines attached during all refueling operations?  YES  NO Are U.L. Approved Fire Extinguishers carried on each fueling vehicle?  YES  NO

**AIRPORT DESCRIPTION**

Airport Elevation is \_\_\_\_\_ Feet. Longest Runway is \_\_\_\_\_ Feet

Are any approaches obstructed?  YES  NO Explain if "YES." \_\_\_\_\_

Any seaplane operations?  YES  NO Explain if "YES." \_\_\_\_\_

Number of Aircraft based at Airport: Airline \_\_\_\_\_ General Aviation \_\_\_\_\_ Military \_\_\_\_\_

Runway Surface(s):  Concrete  Asphalt  Gravel  Turf  Other \_\_\_\_\_

Are runways lighted?  YES  NO Who is responsible for activating the lights? \_\_\_\_\_

Aircraft traffic is controlled  YES  NO By  TOWER  UNICOM Operated By: \_\_\_\_\_

Is there an airport manager?  YES  NO Employed By: \_\_\_\_\_

Is manager on premises?  YES  NO Hours of Operation: \_\_\_\_\_

Fire Station at Airport?  YES  NO Fire Station is \_\_\_\_\_ miles from the airport. Is the Airport fenced?  YES  NO

Who is responsible for maintenance of the Runways and Taxiways? \_\_\_\_\_

Who is responsible for maintenance of the airport property? \_\_\_\_\_

**IF APPLICANT IS OWNER OR A GENERAL LESSEE, COMPLETE THIS SECTION AND ENCLOSE AN AIRPORT DIAGRAM OR FAA FORM 29-A.**

Are any recreational or other Non-Aviation activities allowed on Airport premises?  YES  NO Explain if "YES." \_\_\_\_\_

List Airlines or Scheduled Commuters that will serve the Airport during the next 12 months: \_\_\_\_\_

Type of Airline / Commuter aircraft using the Airport: \_\_\_\_\_

TOTAL ESTIMATED ANNUAL DEPARTURES: Revenue Passengers \_\_\_\_\_ Airline/Commuter Aircraft \_\_\_\_\_ General Aviation \_\_\_\_\_ Military \_\_\_\_\_

**TIEDOWN AND HANGARING OF AIRCRAFT**

Are aircraft owned by OTHERS taxied, towed or moved by Applicant?  YES  NO

Are any Aircraft tied down at Applicant's facility?  YES  NO Avg. No. of Aircraft tied down \_\_\_\_\_ Type of Tiedown: \_\_\_\_\_

Are any Aircraft hangared at Applicant's facility?  YES  NO Avg. No. of Aircraft hangared \_\_\_\_\_ No. of Hangar(s): \_\_\_\_\_

Description of Hangars owned or leased by Applicant: \_\_\_\_\_

Average value of Aircraft in Applicant's care and custody: \$ \_\_\_\_\_ Maximum value of any one aircraft in Applicant's care and custody: \$ \_\_\_\_\_

Limit of HANGARKEEPER'S coverage desired, if any: \$ \_\_\_\_\_ Any One Aircraft \$ \_\_\_\_\_ Any One Occurrence

**LOSS OR CLAIMS HISTORY**

Please describe any airport/aviation losses or claims made by or against Applicant (including any airport/aviation business in which Applicant or any principal of Applicant has had any interest) during the last 5 years (Use Additional or Separate Sheet(s) if Necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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, AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA. In LA, ME, TN and VA insurance benefits may also be denied)

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO HAWAII APPLICANTS:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT ANY PERSON WHO PRESENTS A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS GUILTY OF A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIMS WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

I/We confirm that all the information given in his application is true and complete to the best of my/our knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the insurer shall be the basis for any contract between me/us and the Insurer.

Signature of Applicant or Authorized Executive: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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