

## Airport General Liability Insurance Application

Please complete all information and sign and date at bottom for each location.  
 This document does not provide any coverage or amend any existing coverage.

### 1. GENERAL INFORMATION

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**Applicant's Business Is:** \_\_\_\_\_

**Current Insurance Carrier:** \_\_\_\_\_

**Current Coverage Expires:** \_\_\_\_\_

#### Check all that apply below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Applicant is Owner       | <input type="checkbox"/> Applicant is Municipality   | <input type="checkbox"/> No Insurance Ever Denied  |
| <input type="checkbox"/> Applicant is Corporation | <input type="checkbox"/> No Insurance Ever Cancelled | <input type="checkbox"/> No Open Claims/Litigation |
| <input type="checkbox"/> Applicant is Partnership |  |  |

List Principal Owner(s) / Partner(s): \_\_\_\_\_

### 2. LIABILITY COVERAGE OPTIONS AND LIMITS DESIRED (please complete using N/A when not applicable)

| Type Coverage                                | Desired Limit                              | Remarks                  |
|--|--|--------------------------|
| Premises and Operations Liability:           | \$ _____ Each Occurrence: _____            |                          |
| Products and Completed Operations Liability: | \$ _____ Each Occurrence: _____            | Aggregate: _____         |
| Ground Hangarkeepers Liability:              | \$ _____ Each Aircraft (deductibles apply) | \$ _____ Each Occurrence |
| Premises Medical Payments:                   | \$ _____ Each Person                       |                          |

### 3. OPERATIONS: (please complete using N/A when not applicable)

| Repair Type Services            | GROSS RECEIPTS |           | Sales Related Services        | GROSS RECEIPTS |           |
|---------------------------------|----------------|-----------|-------------------------------|----------------|-----------|
|                                 | Current Year   | Next Year |                               | Current Year   | Next Year |
| Aircraft Interiors:             | \$ _____       | \$ _____  | Fuel & Lubricants:            | \$ _____       | \$ _____  |
| Aircraft Painting:              | \$ _____       | \$ _____  | New Aircraft Sales:           | \$ _____       | \$ _____  |
| Aircraft Parts (not installed): | \$ _____       | \$ _____  | Other (specify)_____:         | \$ _____       | \$ _____  |
| Aircraft Rental / Instruction:  | \$ _____       | \$ _____  | Parts Overhaul / Repairs:     | \$ _____       | \$ _____  |
| Avionics Overhaul / Repairs:    | \$ _____       | \$ _____  | Propeller Overhaul / Repairs: | \$ _____       | \$ _____  |
| Avionics Sales (not Installed): | \$ _____       | \$ _____  | Rotor Wing Aircraft Repair:   | \$ _____       | \$ _____  |

**OPERATIONS** *Continued* : (please complete using N/A when not applicable)

| GROSS RECEIPTS                 |    |       |    | GROSS RECEIPTS |                       |    |       |    |       |
|--------------------------------|----|-------|----|----------------|-----------------------|----|-------|----|-------|
| Engine Overhaul / Repairs:     | \$ | _____ | \$ | _____          | Tie Down & Hangaring: | \$ | _____ | \$ | _____ |
| Fixed Wing Aircraft Repair:    | \$ | _____ | \$ | _____          | Used Aircraft Sales:  | \$ | _____ | \$ | _____ |
| Food Concessions / Restaurant: | \$ | _____ | \$ | _____          |                       |    |       |    |       |

**Other information:**

- |   |  |                                  |  |
|---|--|----------------------------------|--|
| Any Airline Fueling or Maintenance?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any New Aircraft Sales?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Piston Aircraft/Engine Maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Claims within past 5 Years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Avionics Repair/Sales?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Claims within past 10 Years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Manufacturing Exposures?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |  |

**4. FUELING OPERATIONS**

- |   |   |                              |  |                       |       |
|---|---|------------------------------|--|-----------------------|-------|
| Fueling performed by applicant:                   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Fuel storage:                | <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground | Annual AVGAS Gallons: | _____ |
| Fueling facility:                                 | <input type="checkbox"/> Truck <input type="checkbox"/> Hydrant <input type="checkbox"/> Stationary Pumps | Own or Lease Fuel Trucks:    | <input type="checkbox"/> Yes <input type="checkbox"/> No                   | Annual JET Gallons:   | _____ |
| Type(s) of fuel sold:                             | <input type="checkbox"/> AVGAS <input type="checkbox"/> JET <input type="checkbox"/> AUTO                 | Own and/or Manage Fuel Farm: | <input type="checkbox"/> Yes <input type="checkbox"/> No                   | Annual AUTO Gallons:  | _____ |
| Type of training provided line service employees: | _____   |                              |  |                       |       |

**5. TIE DOWN & HANGARING**

- |  |  |  |  |                                |  |
|--|--|--|--|--------------------------------|--|
| Applicant moves aircraft:                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Average value of aircraft in your care: \$ | _____  | Average no. aircraft tied out: | _____  |
| Applicant ties or hangars aircraft:        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Highest value of aircraft in your care: \$ | _____  | Average no. aircraft hangared: | _____  |
| Wingwalkers used to move aircraft:         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Daily mobile equipment inspections:        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recurrent training:            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number and types of mobile equipment used: | _____  |  |  |                                |  |

**6. RAMP ACCESS and VEHICLES (other than mobile equipment)**

- |                                    |  |  |  |                      |  |
|------------------------------------|--|--|--|----------------------|--|
| Ramp access for customer vehicles: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Average value vehicle in your care: \$ | _____  | Control ramp access: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Storing of customer vehicles:      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Average number vehicles in your care:  | _____  |                      |  |
| Courtesy vehicles provided:        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cargo ops on ramp (UPS, etc.):         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |  |

**7. ADDITIONAL INFORMATION**

- a. Years in Business: \_\_\_\_\_ Total no. of employees: \_\_\_\_\_ Total no. of locations: \_\_\_\_\_
- b. Applicant's facilities are located at:  International Airport  Large Regional Airport  Small Muni. Airport  Private Airport
- c. Airport is maintained by: \_\_\_\_\_
- d. Emergency vehicles/personnel located on field:  Fire  Medical  Hazmat  Police/Security
- e. Airport elevation: \_\_\_\_\_ ft. Airport's longest paved and lighted runway: \_\_\_\_\_ ft. Control Tower:  Yes  No  
Hours of Operation: \_\_\_\_\_
- f. Airport Manager is Applicant:  Yes  No – Explain: \_\_\_\_\_
- g. Airport Manager is available 24-hours 7-days a week:  Yes  No – Explain: \_\_\_\_\_
- h. Applicant is responsible for the maintenance of navigation aids:  Yes  No

- i. Premises are:  Owned / Leased from: \_\_\_\_\_  Rented from: \_\_\_\_\_
- j. Premises/facilities are maintained by: \_\_\_\_\_
- k. Ramp/parking area is paved and clear of obstructions and/or construction:  Yes  No
- l. Ramp/parking is shared by other FBO/commercial operators:  Yes  No
- m. Ramp/parking is well lighted and has easy and clear access from taxiways and/or runways:  Yes  No
- n. Does private or municipal security personnel routinely patrol premises?:  Yes  No
- o. Is fire suppression equipment available? (YES-describe below):  Yes  No
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Description of Applicant's Premises (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Catering Department           | <input type="checkbox"/> Maintenance Hangar      | <input type="checkbox"/> Pilot's Lounge                  |
| <input type="checkbox"/> Flight Department             | <input type="checkbox"/> Offices (Number: _____) | <input type="checkbox"/> Restaurant                      |
| <input type="checkbox"/> Flight Planning Area/Services | <input type="checkbox"/> Paint Bay               | <input type="checkbox"/> Small T-Hangars (Number: _____) |
| <input type="checkbox"/> Interior Shop                 | <input type="checkbox"/> Parts Department        | <input type="checkbox"/> Tie Downs (Number: _____)       |
| <input type="checkbox"/> Large Hangars (Number: _____) | <input type="checkbox"/> Passenger Lounge        | <input type="checkbox"/> Transient Aircraft Parking Area |
- Number of Elevators on Premises: \_\_\_\_\_      Number of moving sidewalks on Premises: \_\_\_\_\_

**8. 5-YEAR LOSS HISTORY** (attach loss runs if available)

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## FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 Agencies.

**NOTICE TO D.C. 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 insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing a false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**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 PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS: WARNING:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

**NOTICE TO TENNESSEE 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.

**NOTICE TO VIRGINIA 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.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.**

*I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company; this application does not bind the applicant or the company to provide any insurance; any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*

**Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer:** \_\_\_\_\_

**State / License No.:** \_\_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - - **Fax:** \_\_\_\_\_ - -