

Airport Liability Application

Applicant's Name:		
Mailing Address:		
Effective from	until	both at 12:01 am standard time at the address in item 2 above.
Applicant is:		Name all partners:
If Other, describe:		

General Information

Name & location of this Airport (this application is only for one airport location)		
Applicant Interest in Airport is:	Applicant is:	If Other, describe:
If Applicant is Government:		
A.) Does airport board/authority/commission or transportation authority operate airport?		
B.) Does applicant submit airport insurance for public bid annually?		
C.) Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers?		
If Yes to c. show:		
Limits \$	Expiration:	Deductible/S.I.R.: \$
If No to c., describe program fully:		
D.) Airport Budget Last Year \$	This Year \$	
FAA Airport Classification:		
Airport altitude:		
List certificate restrictions and exemptions:		

Premises – Operations

Control Tower Operation:	Operated By:
Operating Days/Hours are:	
Applicant	Operate Unicom Service
Are any Nav aids, Radars, Wind shear detectors or aircraft communications owned, leased or maintained by applicant?	
Describe:	
Runways, Taxiways, Ramps inspected/maintained by	Name of Firm:
Does applicant maintain/operate fuel storage facilities?	
A) If "yes", tanks are	
B) Frequency of inspections:	
Non-Aviation activities on Airport (Describe all non-aviation activities):	
Does Applicant:	
A) Maintain Air Crash Emergency Plan?	
B) Maintain Anti-Terrorist Plan?	
C) Employ Medical Personnel?	Do they have separate insurance coverage?
Describe:	
D) Base Fire Fighting vehicles on the Airport full time?	
If no, distance to nearest Fire Department miles	
E) Maintain Wildlife and Bird Strike prevention program?	
F) Own, Operate, or Maintain any off-Airport premises to be covered?	
Describe all locations and uses:	
G) Charge for auto parking?	Number of spaces:
H) Host/sponsor or operate Air shows? Describe:	
I) Number of: Elevators? Escalators? Moving Sidewalks? Automated Passenger Trains? Automatic Doors?	
Who maintains?	
Is Airport completely fenced in?	
A) Airport security is provided by:	
B) Frequency of patrols: Do they have separate insurance coverage?	
Estimated number of aircraft movements this year for:	
A) General aviation:	
B) Commuter airlines:	
C) Other airlines:	
D) Military:	
E) Total:	
Estimated number of enplaned passengers this year:	

Largest Aircraft using Airport (make and model) by (name of operator)					
Runways:					
	Heading	Length	Width	Surface	Describe all Obstructions
1.					
2.					
3.					
4.					
5.					
List all Air Carriers using the Airport:					

Products/Completed Operations

Does Applicant Engage In	Yes/No	Gross Sales Last Year	Estimated This Year
a.) Aircraft Fueling Gallons		\$ gal	\$ gal
b.) Aircraft Maintenance/Repairs		\$	
c.) Aircraft Parts/Accessories Sales		\$	\$
d.) Cargo/Baggage Handling or Storage		\$	\$
e.) Jet way or Planemate Operation		\$	\$
f.) Passenger or Baggage Security Operations		\$	\$
g.) Aircraft Towing		\$	\$
h.) Aircraft De-icing		\$	\$
i.) Restaurant/Vending Machine Operation		\$	\$
j.) Airline ground support services		\$	\$
k.) Control Tower		\$	\$
l.) Other (list all operations)		\$	\$

Hangarkeepers Liability (Aircraft in your custody for storage/safekeeping/repair/servicing)

a.) No. of hangars	b.) No. of tie-down/parking spaces	
c.) Describe each hangar (show age, construction materials, size & if sprinklered)		
d.) Average value of any one aircraft \$	Average total \$	
e.) Maximum value any one aircraft \$	Total all aircraft \$	
f.) Maximum value any one hangar \$	Maximum value any on tie-down ramp \$	
	Last Year	Estimated This Year
g.) Gross sales for Hangar rental/lease	\$	\$
Gross sales for Tie down rental/lease	\$	\$

Construction, Demolition & Alterations

Contract costs this year for:

	Runways	Other	Describe Work
a.) By Applicant	\$	\$	
b.) By Independent Contractors			
Is there an owners controlled insurance program?		Limit \$	
If No, minimum limit required of independent contractors \$			
Is applicant included as additional insured?			

Contractual Liability – Contracts Held with the Following Operations:

Designated Contracts	Minimum Required Limits	Is Applicant Held Harmless?	Is Applicant Additional Insured?
a.) Commuters & Airlines	\$		
b.) Fixed Base Operators	\$		
c.) Concessionaires			
d.) Contractors			

e.) Control Tower Operator			
f.) Janitors, escalator maintenance, security			
g.) Others:			
h.) Any contracts in which you assume the liability of others? If Yes, attach copies of contracts.			

Applicants Vehicles: Identify the number of vehicles owned by, operated by or leased to applicant.

Snow Removal Equipment:	Fuel Trucks:	Sweepers:	Tugs:
Crash-Fire-Rescue Vehicles:	Hydrant carts:	Passenger Cars:	Pickup Trucks:
Passenger buses over 30 seats:	Passenger buses 30 seats and under:	Other:	
Describe any operation of vehicle off airport premises:			
Does applicant maintain automobile liability coverage: Limit?			

Claims, List all claims for past 5 years

Date	Cause	Settled, Including All Costs	Open, Including Reserves for Defense and Settlement

Current Insurance

Name of Insurance Company:	Expiration Date:
Coverages:	
Limits:	Deductibles: \$ Premium: \$

Coverages & Limits Requested

Coverage:	Limits of Insurance:
Commercial General Liability Coverage	
General Aggregate Limit (Other than Products/Completed Operations)	\$
Products/Completed Operations Aggregate Limit	\$
Personal and Advertising Injury Aggregate Limit	\$
Each Occurrence Limit	\$
Fire Damage Limit (any one fire)	\$
Medical Expense Limit (any one person)	\$
Hangarkeeper's Liability Coverage	
Each Aircraft	\$
Each Loss Limit	\$
Deductible	
(each aircraft)	Total Advance Premium \$

Policy Deductible

Each Occurrence \$ Annual Aggregate \$

Other coverages, restrictions, endorsements:

Non-Owned Aircraft: Provide following information with respect to non-owned aircraft operated by or on behalf of the airport

Does airport use non-owned aircraft on airport business?		
If Yes, do employees pilot aircraft on airport business?		
Describe types of aircraft flown on airport business:		
	By Employees	By Others
Number of hours flown annually in all non-owned aircraft on applicant's behalf		
Number of hours flown in chartered aircraft		
Number of hours flown in rented/leased aircraft		
Number of hours flown in borrowed aircraft		

Provide current pilot experience forms for each employee pilot.

NOTICE TO NEW YORK 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, 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.”

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 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 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 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 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 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 MINNESOTA APPLICANTS: “A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

NOTICE TO ARKANSAS 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 the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

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 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."

All information herein is warranted to be true to the best of my knowledge and no information has been suppressed or withheld, and no insurer has cancelled or refused to renew this insurance. I understand that 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.

Applicant's Signature:

Today's Date:

(Producer will fill in this information)

Producer: _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone No. _____ **Fax No.** _____