Airport Insurance Application

Name of Applicant		
Mail Address		
Physical Address (if different):		
Applicant is: Individual Corporation Partnership/LLC Applicant's business is:	C Government Entity Other: Yrs. In Business:	
Applicant is: TENANT GENERAL LESSEE AIRPO	DRT OWNER No. of Employees:	
Applicant occupies what part of airport?	ION (explain):	
NAME OF AIRPORT:	City & State	FAA ID
If applicant is a general lessee or airport owner, are any ultralight, parachuting, If "YES" please explain:	agriculture activities allowed on premises?	YES NO
INSURANCE COVERAGE & LIMITS (Indicate Coverage and Limits Desir	red): Proposed Effective Date of Coverage:	
PREMISES PRODUCTS/COMPLETED OPERATIONS	HANGARKEEPER'S MEDICAL PAYMI	ENTS FIRE LEGAL LIABILITY
		ADVERTISING INJURY LIABILITY
PREMISES (AIRPORT OPERATIONS): \$EA. PERS	ON HANGARKEEPER'S LIABILITY	\$ EA. AIRCRAFT
		\$ EA OCCURRENCE
PRODUCTS / COMPLETED OPERATIONS: \$ EA. PERSI \$ EA OCCUI		S DEDUCTIBLE EA OCCURRENCE
\$ ANN. AGG		\$ ANN. AGGREGATE
INDEPENDENT CONTRACTORS: \$ EA. OCCU		\$ EA OCCURRENCE
CONTRACTUAL LIABILITY: \$ EA. OCCU FIRE LEGAL LIABILITY: \$ EA. OCCU		\$ANN. AGGREGATE
OPERATIONS OF APPLICANT Indicate ALL operations and estimated a		ssary):
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 t	he airport:	
FUEL TRUCKS MOWERS SNOW REMOV		AIRCRAFT TUGS
MOBILE EQUIP. SWEEPERS PASSENGER C	ARS PICKUP TRUCKS	OTHER
NUMBER OF ELEVATORSNO. OF ESCA	_ATORS MOVING SI	DEWALKS
NUMBER OF AIRCRAFT OWNED OR OPERATED BY APPLICANT:	NUMBER OF HELICOPTERS:	
CONTRACTUAL LIABILITY		
Has applicant entered into any written agreements assuming the liability of othe	rs, 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 o	copies of all such agreements.
INDEPENDENT CONTRACTORS		
Show estimated cost by type of construction expected during the next 12 mont	hs if anv	
RUNWAYS & TAXIWAYS \$ALL OTHERS (Descrit		\$
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 U.L. Approved Fire Extinguishers carried on ea	

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 Airpor	t: 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	e of the Runways a	nd Taxiways?	
Who is responsible for maintenant	ce of the airport pro	perty?	
IF APPLICANT IS OWNER O	R A GENERAL	ESSEE, COMPLETE THIS SECTION AND ENCLOSE AN AIRPORT DIAGRAM OR FAA FORM 2	9-A.
Are any recreational or other Non-	Aviation activities a	lowed on Airport premises? YES NO Explain if "YES."	
List Airlines or Scheduled Commu	ters that will serve	he Airport during the next 12 months:	
Type of Airline / Commuter aircraf	t using the Airport:		
TOTAL ESTIMATED ANNUAL DEF	•	evenue Passengers Airline/Commuter Aircraft General Aviation Military	
TIEDOWN AND HANGARING	GF AIRCRAFT	Are aircraft owned by OTHERS taxied, towed or moved by Applicant?	
Are any Aircraft tied down at Appli	cant's facility?	YES NO Avg. No. of Aircraft tied down: Type of Tiedown:	
Are any Aircraft hangared at Appli	cant's facility?	YES NO Avg. No. of Aircraft hangared: No. of Hangar(s):	
Description of Hangars owned or			
Average value of Aircraft in Applic			
5			
Limit of HANGARKEEPER'S cover	age desired, il any.	\$Any One Aircraft \$Any One Occurrence	
LOSS OR CLAIMS HISTORY			
, ,		ns made by or against Applicant (including any airport/aviation business in which Applicant or any principal o s (<i>Use Additional or Separate Sheet(s) if Necessary</i>) :	of



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 AND 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 OR 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 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 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 NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULEN 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 CONFINEMENT IN PRISON."

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULEN 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 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."

I, the undersigned, hereby declare and warrant that all of the information and answers given in this Application 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. I agree that the information given in this Application shall form the basis for acceptance by the insurance compancy issuing any policy in reliance hereon.

Signature of Applicant or Authorized Executive:

Title

Date

<COMPANY NAME> <Address> <City State Zip>