

Airport Insurance Application

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

PREMISES (AIRPORT OPERATIONS):	\$ _____	EA. PERSON	HANGARKEEPER'S LIABILITY	\$ _____	EA. AIRCRAFT
	\$ _____	EA OCCURRENCE		\$ _____	EA OCCURRENCE
PRODUCTS / COMPLETED OPERATIONS:	\$ _____	EA. PERSON	PERSONAL INJURY LIABILITY	\$ _____	DEDUCTIBLE
	\$ _____	EA OCCURRENCE		\$ _____	EA OCCURRENCE
	\$ _____	ANN. AGGREGATE	ADVERTISING INJURY LIABILITY	\$ _____	ANN. AGGREGATE
INDEPENDENT CONTRACTORS:	\$ _____	EA. OCCURRENCE		\$ _____	EA OCCURRENCE
CONTRACTUAL LIABILITY:	\$ _____	EA. OCCURRENCE		\$ _____	ANN. AGGREGATE
FIRE LEGAL LIABILITY:	\$ _____	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

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>