

AIRPORT TENANTS LEGAL LIABILITY/AIRPORT TENANTS INSURANCE APPLICATION

(Check which is desired) A QUOTATION INSURANCE

Name of Applicant

Address

Applicant is: Individual Corporation Partnership Other

whose business is

Insurance is requested from 20 to 20

Name of Airport Identifier located miles of

APPLICANT'S OCCUPANCY: Entire Part

APPLICANT IS: Tenant General Lessee Airport Owner **Present Insurance expires**

BUSINESS OWNER'S NAME: Full time Business? NO YES

OPERATIONS OF APPLICANT – indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$	Aircraft Repairs	\$	Auto Parking	\$
Tie Down & Hangaring	\$	Avionics Repairs	\$	Agricultural Ops	\$
Landing Fees	\$	Aircraft Charter	\$	Homebuilt/Exp. Repairs	\$
New Aircraft	\$	Rental & Instruction	\$	Other:	\$
Used Aircraft	\$	Helicopter Repairs	\$		\$
Aircraft Parts	New \$	Food & Beverages	\$		\$
	Used \$	Pilot Supplies	\$	Total	\$

(Use separate sheet if necessary)

Are any Aircraft – other than single engine or piston multi-engine – maintained, serviced or repaired by applicant? NO YES

If YES, specify number and type:

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service or inspection of aircraft under your supervision? NO YES

Highest value of aircraft maintained, serviced or repaired by applicant:

Does applicant perform any: Engine overhauls NO YES Propeller overhauls NO YES

Major airframe structural repairs NO YES Aircraft painting NO YES

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

Name of Applicant _____

LIMITS OF LIABILITY – Check box for Coverages desired: <input type="checkbox"/> PREMISES <input type="checkbox"/> PRODUCTS <input type="checkbox"/> COMPLETED OPERATIONS					
Liability Coverage State Limits of Liability Desired	PREMISES		COMPLETED OPERATIONS & PRODUCTS		GROUND HANGARKEEPERS LIABILITY
	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	EACH AIRCRAFT
Bodily Injury Liability					
Property Damage Liability	XXXX		XXXX		EACH LOSS
Bodily Injury and Property Damage					<input type="checkbox"/> INCL. TAXI <input type="checkbox"/> EXCL. TAXI DEDUCTIBLE \$ PISTON A/C \$ TURBINE A/C EACH LOSS, EACH AIRCRAFT

TIE DOWN & HANGARING by APPLICANT – Are aircraft of others taxied, towed or moved by applicant? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Who provides tie down ropes/chains, etc.?			
Number of:	Tie down spaces	T-hangars	Multiple-aircraft hangars
Number of aircraft:	Tied down	In T-hangars	In multiple-aircraft hangars
Highest value a/c:	Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Total value all a/c:	Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Number of:	Ultra-light a/c	Helicopters	

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT			
Indicate the number and type of vehicles maintained for use exclusively on the airport premises:			
Fuel Trucks	Snow Removal	Fire Engines	Tugs
Mowers	Pickup Trucks	Passenger Cars	Other
State number of:	Elevators	Escalators	Moving Sidewalks
State number of Aircraft owned or operated by applicant	number of Helicopters		

CONTRACTS	
Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.?	<input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)
Does applicant use contracts for hangaring, tie down service, etc.?	<input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)

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CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated cost by type of construction

Runways & Taxiways	\$	next year	\$	next three years
All others (describe)	\$	next year	\$	next three years

AIRPORT DESCRIPTION – Elevation is _____ **ft. Longest runway is** _____ **ft.**

Number of aircraft based at airport: Airline _____ General Aviation _____ Military _____

Runway construction: Concrete Turf Gravel Blacktop Other Are runways lighted? NO YES

Is aircraft traffic controlled? NO YES By: Tower Unicom Operated by: _____

Is there an airport manager? NO YES Employed by: _____

Is manager on premises during hours of operation? NO YES Hours of operation _____ to _____

Fire station located at airport? NO It is _____ miles from the airport YES

Is airport fenced? NO YES Who maintains the airport? _____

Does the applicant own, operate or maintain any navigational aids? NO YES (describe) _____

If applicant is Owner or General Lessee, complete the following:

Airport Manager is: Employee of applicant Independent Contractor (furnish copy of contract)

Any Recreational or other Non-Aviation facilities or use of Airport premises? NO YES (describe) _____

List Airlines and scheduled Air Taxis that will serve this airport during the next three years:

Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers			
Airline Aircraft			
General Aviation Aircraft			
Military Aircraft			

FUELING – On premises NO YES Done by applicant NO YES

Fueling is by: Truck Hydrant Gas pump Gas pit Self-Serve Pump Facilities Other

If Self-Serve Pump Facility:

(a) Who is responsible for Fuel & Equipment Maintenance?

(b) Who receives profit from Sales?

*Provide Copy of Contracts

Annual Gallonage: **Airline** _____ gallons **General Aviation** _____ gallons **Military** _____ gallons

Type of fuel sold: AVGAS JET FUEL AUTO FUEL

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Fuel Storage Facilities: **Underground** gallons **Above ground** gallons

Annual Gallonage of Turbine Engine Fuel: gallons

Does applicant refuel/defuel any scheduled airlines? NO YES

If yes, describe type aircraft and number fueled per day

LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer

Has applicant had any aircraft / aviation losses, claims or incidents during the last five years? NO YES

(Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred)

Explain

Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? NO YES

(Not applicable in the following states: Missouri)

Explain

Name of Last or Present Aircraft Insurance Company:

How many years in business under same management? If less than 5 years, give description of owner's / managers experience.

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KS; KY; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA, VT; WA; WV)

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.

Arkansas – 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.

Colorado – 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 agencies.

District of Columbia - 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.

Florida - 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 of the third degree.

Hawaii – 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.

Kansas - Any person who with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law.

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Kentucky – 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.

Louisiana – Any person who knowingly and 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.

Maine – 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.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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.

New York – 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 subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – 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.

Oregon – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania – 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.

Tennessee - 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.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - 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.

Washington - 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.

West Virginia – 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.

Date _____ Applicant's Signature _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer: _____ Florida License# _____
Address: _____
City: _____
State: _____ Phone No.: _____ Fax No.: _____

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