



Phoenix Aviation Managers, Inc.

P.O. Box 440757  
Kennesaw, Georgia 30160

15660 N. Dallas Parkway Suite 1000  
Dallas, Texas 75248

**AVIATION OPERATIONS LIABILITY INSURANCE APPLICATION**

**EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL**

1. Name of Applicant: \_\_\_\_\_

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

- Applicant Is:
- Corporation\*
  - Individual
  - Municipality
  - Partnership\*
  - Estate

\*If Corporation or Partnership give names of Officers or Partners, listed below

\_\_\_\_\_  
\_\_\_\_\_

2. Coverage to be effective from \_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

3. Name and Location of Airport(s) at which you perform "Aviation Operations": \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Airport Identifier: \_\_\_\_\_

**Please complete separate Application for each Airport location**

4. F.A.A. Airport Classification: \_\_\_\_\_

5. Interest of Applicant in Airport:       Tenant       General Lessee       Airport Owner

6. Is Airport Fenced?  NO    YES

7. Is a Fire Station on premises, if not, who responds and how far away? \_\_\_\_\_

8. Describe your "Aviation Operations" \_\_\_\_\_

\_\_\_\_\_

9. Please answer the following:

a. How many years have you been in business under this name? \_\_\_\_\_

b. If less than 10 years, describe your previous experience over the past 10 years. \_\_\_\_\_

\_\_\_\_\_

10. Who are your prime customers? \_\_\_\_\_

\_\_\_\_\_

11. **Attach a copy of your contract with each of your customers.**

12. Does Insured engage directly in any of the following operations?

		<u>Current Year</u> <u>Annual Receipts</u>	<u>Next Year</u> <u>Annual Receipts</u>
a. Sale of Aircraft	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
b. Aircraft Repairs & Service	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
c. Aircraft Parts Sold but not serviced	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
d. Ground Handling	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____

		<u>Current Year</u> <u>Annual Receipts</u>	<u>Next Year</u> <u>Annual Receipts</u>
e. Cargo/Baggage Handling	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
f. Skycap	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
g. Planemate Operation	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
h. Security Screening	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
i. Restaurant Operations	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
j. Passenger Shuttle Bus or Van Operations	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
k. Other _____	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
l. Are you planning to change any of your Historical Operations (describe below)	<input type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____

13. FUELING: On Premises?  NO  YES Done by Applicant?  NO  YES

Fueling is by:  Truck  Hydrant  Gas Pump  Gas Pit  Other \_\_\_\_\_

Fuel Storage Facilities: **Underground** \_\_\_\_\_ gallons

**Above Ground** \_\_\_\_\_ gallons

Type of Fuel

Annual Gallonage: Airline \_\_\_\_\_ gallons General Aviation \_\_\_\_\_ gallons Military \_\_\_\_\_ gallons

Type of Fuel Sold:  AVGAS  JET FUEL  AUTO FUEL

Annual Gallonage of Turbine Engine Fuel: \_\_\_\_\_ gallons

Does Applicant refuel / defuel any Scheduled Airlines?  NO  YES

If YES, describe type of aircraft and number fueled per day. \_\_\_\_\_

What are your Annual Gross Receipts for fueling?

a. Airline \_\_\_\_\_

b. General Aviation \_\_\_\_\_

14. TIE DOWN & HANGARING BY APPLICANT:  NO  YES If YES, complete the following:

a. Do you rent Hangars or Tie Downs directly to the Aircraft Owners?  NO  YES

b. Or Fixed Base Operators, who in turn rent to Aircraft Owners?  NO  YES

c. Are Aircraft of others taxied, towed or moved by Applicant?  NO  YES

d. Who provides Tie Down ropes, chains, etc.? \_\_\_\_\_

e. Number of:

Tied Down Spaces \_\_\_\_\_ T-Hangars \_\_\_\_\_ Multiple Aircraft Hangars \_\_\_\_\_

Number of Aircraft:

Tied Down \_\_\_\_\_ In T-Hangars \_\_\_\_\_ In Multiple Aircraft Hangars \_\_\_\_\_

Highest Value Aircraft:

Tied Down \$ \_\_\_\_\_ In T-Hangars \$ \_\_\_\_\_ In Multiple Aircraft Hangars \$ \_\_\_\_\_

Total Value All Aircraft Combined:

Tied Down \$ \_\_\_\_\_ In T-Hangars \$ \_\_\_\_\_ In Multiple Aircraft Hangars \$ \_\_\_\_\_

Number of:

Ultra-light Aircraft \_\_\_\_\_ Helicopters \_\_\_\_\_

15. Please answer the following:

a. Does Applicant charge for Automobile Parking?  NO  YES

If YES, give area: \_\_\_\_\_

b. Is Automobile Parking let out to contract?  NO  YES

If so, who? \_\_\_\_\_

16. Estimated Structural Alterations:

a. By Independent Contractors – cost next 12 months: \$ \_\_\_\_\_ \$ \_\_\_\_\_

b. By Applicant – cost next 12 months: \$ \_\_\_\_\_ \$ \_\_\_\_\_

17. Does Applicant own, operate or maintain any of the following?	Number	Who Maintains?
a. Elevators	_____	_____
b. Escalators	_____	_____
c. Moving Sidewalks	_____	_____
d. Fuel Trucks	_____	_____
e. Mowers	_____	_____
f. Snow Removal	_____	_____
g. Pick-Up Trucks	_____	_____
h. Fire Engine	_____	_____
i. Passenger Cars	_____	_____
j. Tugs	_____	_____
k. Fixed wing Aircraft owned by Applicant	_____	_____
l. Helicopters owned by Applicant	_____	_____
m. Other _____	_____	_____

18. Does applicant own, operate or maintain any navigational aids or unicom?  NO  YES  
 If YES, describe \_\_\_\_\_

19. EXCESS AUTOMOBILE LIABILITY – OFF PREMISES  NO  YES  
 Do you want coverage for Off Premises Excess Automobile Liability?  NO  YES  
 If YES, complete the following:

a. Of the vehicles listed in question 17 – how many routinely go off the Airport premises? \_\_\_\_\_

b. Describe the vehicles that routinely go off Airport Premises \_\_\_\_\_  
 \_\_\_\_\_

c. Who is your Primary Automobile Insurance Company and Policy Number? \_\_\_\_\_  
 \_\_\_\_\_

d. What limits of liability are provided? \_\_\_\_\_

e. Have you had any Automobile Liability claims in the last 6 years greater than \$50,000.?  NO  YES  
 If YES, describe \_\_\_\_\_

20. EXCESS EMPLOYERS LIABILITY COVERAGE – EXCLUDING DISEASE  NO  YES  
 Do you want this coverage?  NO  YES  
 If YES, complete the following:

a. Who is your primary Employers Liability Insurance Company and Policy Number? \_\_\_\_\_  
 \_\_\_\_\_

b. What limits of liability are provided? \_\_\_\_\_

c. Have you had any Employers Liability claims in the last 6 years greater than \$50,000.?  NO  YES  
 If YES, describe \_\_\_\_\_

d. How many employees do you have? \_\_\_\_\_

e. What are your annual payrolls by W.C.A. class code?

Code _____	Payroll _____
Code _____	Payroll _____
Code _____	Payroll _____
Code _____	Payroll _____

21. Have you had any aviation liability claims during the current policy period or during the prior 5 years thereto?  NO  YES  
 If YES, please provide: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. COVERAGE TO BE QUOTED  
 Single Limit Bodily Injury, and Property Damage Liability Combined \$ \_\_\_\_\_ each occurrence and annual aggregate as respects Products-Completed Operations Liability. Personal / Advertising Injury and Malpractice are included separately for a sub-limit of not more than \$25,000,000. any one offense / aggregate over the Primary and Excess Policies combined.

23. PRESENT COVERAGES

Aviation Operations Liability

- a. Present Company \_\_\_\_\_
- b. Limits of Liability \_\_\_\_\_
- c. Deductible \_\_\_\_\_
- d. Expiration Date \_\_\_\_\_
- e. During the last year, no insurer has cancelled or refused to renew the Applicant's Aviation Insurance except:

\_\_\_\_\_

\_\_\_\_\_

(State "No Exception" or name Insurer, date and reason)

REMARKS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All particulars herein are warranted 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; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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.

**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.

**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, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**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 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, which is a crime.

**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, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania** – 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 7 years and payment of a fine of up to \$15,000.

**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.

**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.)

**The following must be completed by Agent or Broker before Policy can be issued:**

Producer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Are you licensed in the state where the risk is located as:**

- Surplus Lines Broker
- Agent
- YES    NO

**By the Company of Issue (Item No. 3):**