

9. Total Aircraft Take-Offs and Landings:

		This Fiscal Year		Next Fiscal Year	
		Take-Offs	Landings	Take-Offs	Landings
(a)	Commercial				
(b)	General Aviation				
(c)	Other				
(d)	TOTAL				

10. (a) Largest aircraft type commonly using the Airport: _____
 (b) Who operates the aircraft in (a) _____
 (c) Seating capacity of the aircraft in (a) _____

11. (a) Do you maintain radio control of all ground vehicles on or crossing active runways or taxiways? NO YES
 (b) Is the person maintaining such control the same person that controls aircraft take-offs and landings? NO YES

12. Traffic Controllers Information:

Name of Controller	Age	Years of Experience

Has the Controller ever been involved in any claim/mishap/incident? NO YES
 (If YES, give details)

13. How many hours is a traffic controller on duty? _____ Per Day
 _____ Per Week

14. Is the control tower responsible for traffic in/out of this airport only and no other? NO YES
 (If NO, give details)

15. How many miles out does the control tower assume control of an incoming aircraft?

16. Normally, on incoming traffic, at which altitude does the control tower assume control?

17. Having given take off instructions to outgoing traffic, does the control tower normally provide any further instructions? NO YES
 (If YES, give details)

18. During the past year, has the control tower had occasion to "Control Traffic" farther out than 5 miles and higher than 3,000 feet? If so, how many times and miles out, and at what altitude?

19. What procedure does the airport have to monitor the performance levels of the controllers?

20. How do these procedures compare to those of the FAA Controllers?

21. What recurrent training do the controllers receive?

22. Control Tower Loss Experience (last 6 years)

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):