



Phoenix Aviation Managers, Inc.

P.O. Box 440757  
Kennesaw, Georgia 30160

15660 N. Dallas Parkway Suite 1000  
Dallas, Texas 75248

**GENERAL AVIATION AIRPORT LIABILITY INSURANCE APPLICATION**  
(Not for use if Airline or Commuter Operations involved)

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

1. Is this a Public Bid?  NO  YES (If YES, the complete bid specifications must be attached)

2. Name of Applicant:

Address:

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

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

3. Coverage to be effective from 20 to 20

4. Name and Location of Airport:

Airport Identifier:

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

5. F.A.A. Airport Classification:

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

7. Runways:

	HEADING	LENGTH	WIDTH	SURFACE
( a )				
( b )				
( c )				
( d )				

8. Is Airport Fenced 100%?  NO  YES / Is Airport Fenced Partially?  NO  YES

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

10. Please answer the following:

- a. Is a Manager on premises 24 hours a day?  NO  YES  
If NO, when?
- b. Is Airport Manager an employee of the Named Insured?  NO  YES
- c. If NO, of whom and supply a copy of the contract
- d. Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager?  NO  YES  
If YES, describe
- e. How much Insurance do they carry?
- f. When does their coverage expire?
- g. Do they hold you harmless?  NO  YES

- h. Does their Insurance Policy include you as an Additional Insured?  NO  YES
- i. Does the contract between you and the Airport Manager specifically outline:
  - i. his/her duties as Manager and
  - ii. Insurance requirements?  NO  YES

11. Are there any Non-Aviation activities at the Airport?  NO  YES  
Describe

12. Total Aircraft Operations (Take-Offs and Landings):

	<u>This Fiscal Year</u>	<u>Next Fiscal Year</u>
a. General Aviation / Air Taxi		
b. Military		
c. Other		
d. Total Operations		

13. Please answer the following:

- a. Largest Aircraft Type commonly using the Airport:
- b. Who operates the Aircraft in (a)?

14. Does Insured / Applicant engage directly in any of the following operations? If YES, list Annual Receipts

- a. Aircraft Sold – New
  - Fixed Wing  NO  YES
  - Helicopter  NO  YES
- b. Aircraft Sold – Used
  - Fixed Wing  NO  YES
  - Helicopter  NO  YES
- c. Aircraft Repairs & Service (including parts installed)
  - Fixed Wing  NO  YES
  - Helicopter  NO  YES
- d. Aircraft Parts Sold – Not Installed
  - Fixed Wing  NO  YES
  - Helicopter  NO  YES
- e. Aircraft Fuel & Oil
  - Airlines  NO  YES
  - General Aviation (including Helicopters)  NO  YES
- f. Cargo Handling  NO  YES
- g. Cargo Storage  NO  YES
- h. Security Screening  NO  YES
- i. Rental & Instruction  NO  YES
- j. Restaurant Operations  NO  YES
- k. Automobile / Shuttle Bus  NO  YES
- l. Agricultural Operations  NO  YES
- m. Airmeets, Contests, Exhibitions  NO  YES
- n. Other Operations (describe below)  NO  YES

15. 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?  
 If YES, describe type of aircraft and number fueled per day.

NO  YES

Self-Serve Fuel: Does applicant provide Self-Serve Fuel on premises?  
 If YES: Who is responsible for Fuel and Equipment maintenance of tanks?  
 Who receives the profit from the sale of fuel?

NO  YES

16. If you answered yes to Aircraft or Helicopter Repairs & Service, describe the type of Aircraft and Helicopters serviced and the scope of your work

17. AIR MEETS, CONTESTS, EXHIBITIONS – Our policy excludes Air Meets, Contests and Exhibitions without prior agreement, but does not exclude “Static Displays”. If you plan to have an Air Meet, Contest or Exhibition, different conditions will apply. Contact your Insurance Agent for details.

18. Is your Control Tower operated by the FAA?  
 If NO:

NO  YES

- a. Who Operates it?
- b. How much Insurance do they carry?
- c. When does their Insurance expire?
- d. Do they hold you harmless?
- e. Does their Insurance Policy include you as an Additional Insured?

19. TIE DOWN & HANGARING BY APPLICANT:

Are Aircraft of others taxied, moved or towed by Applicant?

NO  YES

If NO, who provides these services on premises?

If YES, provide information regarding training of employees for the performance of these duties

Who provides Tie Down ropes, chains, etc.?

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	

20. PARKING:

Does Applicant charge for Automobile Parking?

NO  YES

If YES, give area:

Total Number of Parking Spaces operated by Insured                      operated by Contractor

21. Estimated Structural Alterations:

**Runways/Taxiways**

**All Other**

- a. By Independent Contractors – cost next 12 months:                      \$                      \$
- b. By Applicant – cost next 12 months:    \$                      \$

22. As respects Incidental Malpractice, do you employ any full-time Nurses, Doctors or EMT's, and if so, please give full details – including number of each and the maximum number on duty at any one time:

23. Does Applicant own, operate or maintain any of the following?

**Number**

**Who Maintains?**

- a. Elevators
- b. Escalators
- c. Moving Sidewalks
- d. Revolving Doors

**Number**

- e. Fuel Trucks
- f. Mowers
- g. Snow Removal
- h. Pick-Up Trucks
- i. Fire Engine / Fire Rescue
- j. Passenger Cars
- k. Tugs
- l. Fixed wing Aircraft owned by Applicant
- m. Helicopters owned by Applicant
- n. Other

Are all vehicles restricted to on airport premises?

NO  YES

If NO, provide details

**24. AIRPORT SECURITY:**

Airport Security is provided by

If Applicant, provide number on duty at any one time:

Policy / Security

Fireman / Rescue

Other (please describe)

**25. HOLD HARMLESS (Coverage Required):**

**Minimum Limits Required by You  
Should be Not Less Than**

**Are You Named as an  
Additional Insured**

- a. Fixed Base Operators
- b. Concessionaires
- c. Contractors
- d. Others (describe below)

\$ 2,000,000.  
\$ 1,000,000.  
\$ 5,000,000.

NO  YES  
 NO  YES  
 NO  YES

- e. Attach samples of your Standard Agreements. Are they all similar? If not, advise details on a separate sheet and/or provide copies of contracts.

**VERY IMPORTANT**

**If your minimum limits required by you are not as high as those shown above, you must complete Page 7 of the Application. By leaving Page 7 blank you are stipulating that the Insured requires the minimum limits of liability as stated above.**

**26. NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:**

- a. Number of hours per year when you use a Non-Owned Aircraft piloted by people other than employees of the Applicant and type of Aircraft and maximum seating:
- b. Number of hours per year when employees of Applicant use Non-Owned Aircraft on Applicant's business and type of Aircraft and maximum seating:
- c. As respects (b) above, each employee pilot must complete Pilot History Form which may be obtained from your Agent.

**27. Have you had any Airport Liability or Non-Owned Aircraft Liability claims during the current policy period or during the prior 6 years thereto?**

NO  YES

If YES, please provide:

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>
<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>

NOTE: If claim Incurred over \$5,000., give breakdown of each claim by date, description and amount paid and/or reserved.

**28. COVERAGE & LIMITS REQUESTED**

**Limits:**

\$ Each Occurrence – Combined Single Limit, Bodily Injury and Property Damage  
(An annual aggregate applies to products/completed operations and personal injury/advertising liabilities)

**Coverages:**

- Products & Completed Operations
- Incidental Medical Malpractice Liability



**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):**

<p>If the Limit Required are Less Than the Minimum Limits shown under Item 25 of the Application Please Contact the Lessee / Permittee and Ascertain what Actual Limits are Carried <u>Fill It In Below</u></p>	
<p>What Cancellation or Review Provisions are Contained in the Contract as Respects Insurance Requirements</p>	
<p>What is the Renewal Date of Contract</p>	
<p>Permittee / Lessee Include Airport as an Additional Insured</p>	
<p>Does Contract with Permittee / Lessee Hold Harmless &amp; Indemnify Airport</p>	
<p>Limits of Liability Contract Requires Permittee / Lessee to Carry</p>	
<p>Business of Permittee / Lessee</p>	
<p>Permittee/ Lessee</p>	