

Insurance Company Providing Coverage: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Applicant is:  Individual  Corporation  Partnership (name each partner) \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

Quotation for Airport Liability Insurance is requested for an annual period beginning \_\_\_\_\_  
MM/DD/YYYY

Name of Airport: \_\_\_\_\_ Identifier \_\_\_\_\_ Located \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_  
N,S,E,W City

Applicant's Occupancy:  Entire  Part Applicant is  Tenant  General Lessee  Airport Owner

Business Owner's Name: \_\_\_\_\_ Full Time Business?  Yes  No Years under same mgmt? \_\_\_\_\_

If less than 5 years in business under the same management, give description of owner's/manager's experience: \_\_\_\_\_

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

				List all other sources and receipts below. Use a separate sheet if necessary.	
Fuel & Lubricants	\$ _____	Aircraft Repair	\$ _____	_____	\$ _____
Tie Downs	\$ _____	Aircraft Charter	\$ _____	_____	\$ _____
Hangaring	\$ _____	Rental & Instruction	\$ _____	_____	\$ _____
New Aircraft	\$ _____	Helicopter Repairs	\$ _____	_____	\$ _____
Used Aircraft	\$ _____	Restaurant	\$ _____	_____	\$ _____
Aircraft Parts-New	\$ _____	Auto Parking	\$ _____	_____	\$ _____
Aircraft Parts- Used	\$ _____	Agricultural Ops	\$ _____	_____	TOTAL \$ _____

Yes  No Are any aircraft (other than single engine or piston multi-engine) maintained, serviced or repaired by applicant?  
 If so, please specify number and type: \_\_\_\_\_

Yes  No Does applicant perform any engine overhauls?

Yes  No Does applicant perform any propeller overhauls?

Yes  No Does applicant perform any major airframe structural repairs?

Yes  No Does applicant perform any aircraft painting?

**LIMITS OF LIABILITY – Check box for coverage desired:  Premises  Products  Completed Operations**

Liability Coverage (State limits of liability desired)	Premises		Completed Operations & Products		Ground Hangarkeepers Liability (State Limits) Each Aircraft
	Each Person	Ea. Occurrence	Each Person	Ea. Occurrence	
Bodily Injury Liability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Property Damage Liability	XXXXXX	\$ _____	XXXXXX	\$ _____	Each Occurrence
					\$ _____
Bodily Injury and Property Damage	XXXXXX	\$ _____	XXXXXX	\$ _____	<input type="checkbox"/> Incl Tax <input type="checkbox"/> Excl Tax
					\$ _____ Deductible
					Each Loss, Each Airport

**TIE DOWN & HANGARING by APPLICANT – Are aircraft of others taxied, towed, or moved by applicant?  Yes  No**

Who provides tie down ropes/chains etc? \_\_\_\_\_

	Number of	Number of Aircraft	Highest Value a/c	Total Value All a/c
Tied down Spaces	_____	Tied down	_____	Tied down \$ _____
T-hangars	_____	In T-hangars	_____	In T-hangars \$ _____
Multiple aircraft hangars	_____	In mult a/c hangars	_____	In mult a/c hangars \$ _____
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 and operated by applicant \_\_\_\_\_ Number of helicopters owned and operated by applicant \_\_\_\_\_

**CONTRACTS**

Yes  No Has applicant ever entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? (If so, please attach copies of contacts)

Yes  No Does applicant use contracts for hangaring, tie down service, etc.? (If so, please attach copies of contracts)

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

Runways & Taxiways \$ \_\_\_\_\_ Next year \$ \_\_\_\_\_ Next 3 years \_\_\_\_\_  
All others (describe) \_\_\_\_\_ \$ \_\_\_\_\_ Next year \$ \_\_\_\_\_ Next 3 years \_\_\_\_\_

**AIRPORT DESCRIPTION**

Elevation is \_\_\_\_\_ ft. Longest Runway is \_\_\_\_\_ ft. Fenced?  Yes  No Maintained by \_\_\_\_\_

# of aircraft based at airport: \_\_\_\_\_  
Runway Construction:  Concrete  Turf  Gravel  Blacktop  Other \_\_\_\_\_  
Lighted Runways:  Yes  No  
Air Traffic Controlled:  Yes  No  
Mgr on premises during op hours?  Yes  No  
Fire Station Location:  On premises \_\_\_\_\_ Miles away  
Gen. Aviation \_\_\_\_\_  
Military \_\_\_\_\_  
Operator: \_\_\_\_\_ Hrs of operation \_\_\_\_\_ to \_\_\_\_\_

Yes  No Does the applicant own, operate or maintain any navigational aids?  
If so, please describe: \_\_\_\_\_

Yes  No Is the applicant the Owner or General Lessee?  
If so, who is the Airport Manager?  An employee of applicant  An Independent Contactor (attach contract copy)

Yes  No Are there any recreational or other non-aviation facilities or uses of the airport premises?  
If so, please describe: \_\_\_\_\_

List the 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	_____	_____	_____
Military Aircraft	_____	_____	_____

**FUELING**

On premises?  Yes  No Done by applicant?  Yes  No  
Annual Gallonage \_\_\_\_\_ Type of Fuel Sold \_\_\_\_\_ Fueling by \_\_\_\_\_ Storage Facilities \_\_\_\_\_  
Airline \_\_\_\_\_  AVGAS  Truck  Gas Pump \_\_\_\_\_ gallons  
General Aviation \_\_\_\_\_  Jet Fuel  Hydrant  Gas Pit \_\_\_\_\_ gallons  
Military \_\_\_\_\_  Auto Fuel  Other \_\_\_\_\_  
Turbine Engine Fuel \_\_\_\_\_

Yes  No Does applicant refuel/defuel any scheduled airlines?  
If so, describe type of aircraft and number fueled per day \_\_\_\_\_

**LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Please attach a separate sheet to explain each “Yes” answer**

Yes  No Has applicant had any airport/aviation losses/claims during the last five years?  
 Yes  No Has any insurer canceled, declined or refused to renew any airport/aviation insurance?  
Name of last or present airport/aviation insurance carrier \_\_\_\_\_

*All particulars herein are warranted true and complete to the best of my/our 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 the insuring company to investigate all or any qualifications or statements contained herein.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_