

APPLICATION FOR AIRPORT LIABILITY INSURANCE

Name of Applicant:	
Address:	
Business of Applicant:	
Form of Business: <input type="checkbox"/> Public entity <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Describe)	
Applicant's interest in premises: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (Describe)	
Applicant's occupancy is: <input type="checkbox"/> Entire <input type="checkbox"/> Part (Describe)	
Name and Location of all Airport(s) to be insured	
Description and location of other premises or facilities used permanently, occasionally or on a temporary basis in conjunction with airport or business described above:	
Airport Manager's Name:	
Manager's length of experience in airports operations:	How long has the manager been employed by applicant?:
Is airport certified under Federal Aviation Regulation Part 139? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No", is airport completely fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the Applicant/Policyholder engage in:	If applicable, please provide annual sales receipts for:		
	Last Year (Actual)	This Year (Estimated/Actual)	Next Year (Estimated)
Fueling Operations			
Sale of Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Sale of Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Oil Company Training (if so, how often and where)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NATA Safety First Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Airline (except Regional – Regional Gallons (if any) should be included above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Fuel storage, wholesaling or flowage arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Operation or ownership of fuel trucks, tanks or fuel hydrant system	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
De-Icing			
Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Non - Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Airline Servicing			
Security & Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Caterers & Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Baggage Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Cargo	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Aircraft Products/Completed Ops			
Sale of New Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Sale of Used Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
If Yes, Manufacturer New Parts Only	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Yellow Tagged or After Market	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sale of Parts (not installed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Repair Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Any Piston Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Pre-Buy Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sale of Food & Beverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Vending Machines Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Manufacture of any Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
If yes provide details				
Hangaring of Aircraft				
Rental or Lease of Hangars or Tie Downs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
NATA Safety First Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Do you have Hangar Lease Agreement with your Tenants? If so, please provide a copy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Does it hold Applicants Harmless for damages in excess of at least \$100K	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Does it hold Applicants Harmless for Diminution of Value and Loss of Use/Loss of Profits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Wood Frame Hanger	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sloped Ramp Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Lektro Tugs Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Ramp Surveillance Video	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Hangar Surveillance Video	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Lineman Audio Headsets	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Average length of employment for lineman				
SOP 3 Wing Walkers and Tug	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Towing, Moving, or Parking of Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Max Value of Aircraft in Applicants' Care, Custody or Control at any one time.	\$			
Total Value of all Aircraft	\$			
Premises - If "yes," describe				
Rental or Lease to Others of Land or Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rental of Premises to Others for Retail Stores or Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Non-Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Non-Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operation of UNICOM	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operation of control tower?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ownership and/or maintenance of nav aids, windshear detectors, or aviation communications equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Ownership or use of runway anti-skid or deicing equipment, or icing/runway temperature/chemical mix monitoring systems, or breaking action measurement equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	--

Does applicant:					
Have in force a bird strike prevention plan?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain an air crash emergency plan?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain other emergency plan?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", describe:					
Describe all vehicles and mobile equipment operated by applicant (that are not insured elsewhere): Attach separate sheet if necessary			Are any vehicles or mobile equipment licensed for use on or used on public roads?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			If "Yes", describe:		
Type	Special Equipment	Quantity	Type	Special Equipment	Quantity
Who is responsible for inspection and maintenance of ramps, taxiways and runways?					
Who is responsible for snow removal, if applicable?					
Who provides janitorial service?					

Who employs janitorial staff?		
Who owns fuel tank farms?		
Who is responsible for their operation and maintenance?		
Tanks are located :	<input type="checkbox"/> Above ground	Name of Underground Storage Tank (UST) insurance company:
	<input type="checkbox"/> Below ground	Name of Environmental Impairment Liability insurance company:
UST and pollution insurance coverages provided:		
Are there any active, inactive or abandoned dumps, landfills, or aircraft salvage yards on, adjacent to, or near airport?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", describe:		

Do airport premises contain:			Quantity	Maintained by
Elevators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Escalators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Moving sidewalks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Electric doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Passenger trams?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

During the next 12 months will the applicant be involved in:			If applicable, estimated costs of work performed by:	
			Applicant	Contractor
New construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

Structural alterations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
-------------------------	------------------------------	-----------------------------	----	----

Are there any:			
Airshows, contests or exhibitions held at the airport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", please describe:			
Who provides airshow insurance?	Is Applicant an Insured under policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What coverages and limits are provided?			
Uses of non-owned aircraft on airport business, either chartered or piloted by airport employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", please describe usage or attach non-owned aircraft application:			

Insurance requirements for tenants or other parties:					
	Minimum liability limits you require them to carry:	Are you an additional insured under their policy?		Are you "held harmless" In your contract with them?	
Airlines	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Police, Fire, EMS	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixed based operators	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractors	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food/Liquor services	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other tenants	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other vendors (including security, parking and janitorial services)	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant require all tenants and vendors to show proof of insurance (as appropriate) holding applicant harmless?					
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are certificates of insurance maintained on file by applicant?					
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant signed any agreements assuming liability of others?					
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", attach copies of agreements					

Airport liability insurance now in effect:	
Carrier:	Expiration Date:
Coverages, limits and deductibles:	

Loss experience: List all claims for the last five years. Attach separate sheet if necessary. Attach insurance company loss run, if available

Date	Description	Losses			
		Paid	Reserved	Expenses	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
TOTAL					\$

Workers Compensation insurance now in effect:

Carrier: _____ Expiration Date: _____

Limits: _____

Has any insurer cancelled or refused to renew the applicant's insurance? Yes No

Is insurance being requested by public bid? Yes No If "Yes", attach complete bid specifications

Insurance is requested from 12:01 A.M. to 12:01 A.M. (standard time at address of applicant)

Coverages requested	Limits of Insurance	
Bodily injury and property damage liability:	\$	Aggregate
Personal and advertising injury liability:	\$	Aggregate
Medical payments:	\$	Each person
Hangarkeeper's liability:	\$	Each loss
Deductibles requested:	\$	Each occurrence: \$ Aggregate
Other requested coverages:		
Additional insureds:		

Name of agent or broker:		
Address:		
<input type="checkbox"/> Broker <input type="checkbox"/> Agent	Are you the holding producer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", for how many years?
Global Aerospace Member Insurance Company in which license held:		

Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

ARKANSAS AND LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING: 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 FRAUD WARNING: WARNING: 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 FRAUD WARNING: 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.

KENTUCKY FRAUD WARNING: 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 FRAUD WARNING: 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.

NEW JERSEY FRAUD WARNING: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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 FRAUD WARNING: 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 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that such person is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: WARNING: 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 FRAUD WARNING: 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 material fact, may be violating state law.

PENNSYLVANIA FRAUD WARNING: 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 AND VIRGINIA FRAUD WARNING: 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.

All particulars herein are declared to be 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 insurer to investigate all or any qualifications or statements contained herein.

Date: _____ Applicant's signature and title: _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THIS INSURANCE.