



AIRPORT LIABILITY APPLICATION

Applicant's Name: _____

Mailing Address: _____

Effective from _____ until _____ both at 12:01 a.m. standard time at the address above.

Applicant is: Government Corporation Partnership (Name all partners): _____ Other (describe): _____

GENERAL INFORMATION

Name & location of this Airport: _____ 3-Letter IATA airport code: _____

Applicant interest in Airport is: Owner Lessor Lessee Other (describe): _____

If Applicant is Government:

- a. Does airport board/authority/commission or transportation authority operate airport? YES NO
- b. Does applicant submit airport insurance for public bid annually? YES NO
- c. Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers? YES NO

FAA Airport Classification: _____ Airport altitude: _____

List certificate restrictions and exemptions: _____

PREMISES – OPERATIONS

Control Tower Operation: No Control Tower FAA Tower Other – operated by: _____
Operating Days/Hours are: _____

Applicant Does Does Not Operate Unicom Service

Are any nav aids, radars, wind shear detectors or aircraft communications owned, leased or maintained by applicant? YES NO
If YES, describe: _____

Runways, Taxiways, Ramps inspected/maintained by Applicant Other (Name of Firm): _____

Does applicant maintain/operate fuel storage facilities? YES NO

a. If YES, tanks are Above ground Below ground

b. Frequency of inspections: _____

Non-Aviation activities on Airport? Lodging Industrial Park Storage Aircraft Salvage Yard Farming
 Dump or Disposal Site Other (describe): _____

Does Applicant:

a. Maintain Air Crash Emergency Plan? YES NO

b. Employ Medical personnel? YES NO Do they have separate insurance coverage? YES NO
Describe: _____

c. Base Fire Fighting vehicles on the Airport full time? If NO, distance to nearest Fire Department: _____ miles YES NO

d. Own, operate, use or maintain any off-Airport premises to be covered? If YES, describe all location & uses: _____ YES NO

e. Host/sponsor or operate Air Shows? Describe: _____ YES NO

Is Airport completely fenced in? YES NO

a. Airport security is provided by: _____
b. Frequency of patrols: _____ Do they have separate insurance coverages? YES NO

Estimated number of aircraft movements this year for:

a. General Aviation # _____

b. Commuter Airlines # _____

c. Other Airlines # _____

d. Military # _____

TOTAL: # _____

Estimated number of enplaned passengers this year: _____

Largest Aircraft using Airport (make & model): _____ By (name of operator): _____

Runways:

Heading	Length	Width	Surface	Describe all obstacles
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

List all Air Carriers using the Airport:

PRODUCTS/COMPLETED OPERATIONS

Does Applicant engage in:

	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gross Sales Last Year	Estimated This Year
a. Aircraft Fueling?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____ gallons	\$ _____ gallons
b. Aircraft Maintenance/Repairs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
c. Aircraft Parts/Accessories Sales	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
d. Cargo/Baggage Handling or Storage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
e. Jetway or Planemate Operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
f. Passenger or Baggage Security Operations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
g. Aircraft Towing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
h. Aircraft De-icing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
i. Restaurant/Vending Machine Operations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
j. Airline Ground Support Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
k. Control Tower?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
l. Other? List: _____			

HANGARKEEPERS LIABILITY (Aircraft in your custody for storage/safekeeping/repair/servicing)

a. Number of hangars: _____	b. Number of tie-down/parking spaces: _____
c. Briefly describe each hangar: _____	
d. Average value any one aircraft: \$ _____	Average total: \$ _____
e. Maximum value any one aircraft: \$ _____	Total all aircraft: \$ _____
f. Maximum value any one hangar: \$ _____	Maximum value any one tie-down ramp: \$ _____
g. Gross sales for: _____	Estimated This Year
Hangar rental/lease \$ _____	\$ _____
Tie down rental/lease \$ _____	\$ _____

CONSTRUCTION, DEMOLITION & ALTERATIONS

Contract costs this year for:

	Runways	Other	Describe Work
a. By Applicant	\$ _____	\$ _____	\$ _____
b. By Independent Contractors	\$ _____	\$ _____	\$ _____
Is there an owner-controlled insurance program? <input type="checkbox"/> YES <input type="checkbox"/> NO Limit? _____			
If NO, minimum limit required of independent contractors: \$ _____			
Is Applicant included as additional insured? <input type="checkbox"/> YES <input type="checkbox"/> NO			



CONTRACTUAL LIABILITY – Contracts held with the following operations/tenants:

Designated contracts with:	Minimum Required Limits	Is Applicant Held Harmless?	Is Applicant an Additional Insured?
a. _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. _____	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Any contracts in which you assume the liability of others?	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Does the Applicant have any hold harmless or indemnification agreements in place?	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES, attach copies of contracts. Attached

APPLICANTS VEHICLES: Identify the number of vehicles owned by, operated by or leased to applicant:

Snow Removal equipment _____ Fuel Trucks _____ Sweepers _____ Tugs _____
 Crash-fire-rescue vehicles _____ Hydrant carts _____ Passenger cars _____ Pick up trucks _____
 Passenger buses over 30 seats _____ Passenger buses 30 seats and under _____
 Describe any operation of vehicle off airport premises: _____

CLAIMS: List all claims for past five (5) years – use separate paper to complete if necessary.

DATE	DESCRIPTION OF LOSS	PAID \$ _____	OUTSTANDING RESERVES \$ _____	EXPENSES \$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

CURRENT INSURANCE

Name of insurance company: _____ Expiration Date: _____
 Deductible: \$ _____ Premium: \$ _____

COVERAGES & LIMITS REQUESTED

Coverage:	Description:	Limit of Insurance:
Coverage A	Bodily Injury and Property Damage Each Occurrence Limit	\$ _____
	Products-completed Operations Aggregate Limit	\$ _____
	Malpractice Aggregate Limit	\$ _____
	Fire Damage Limit	\$ _____
Coverage B	Personal and Advertising Injury Aggregate Limit	\$ _____
Coverage C	Medical Expense Limit (any one person)	\$ _____
Coverage D	Hangarkeeper's Liability Coverage	
	Each Aircraft Limit	\$ _____
	Each Loss Limit	\$ _____
	Deductible (each aircraft)	\$ _____
	Non-Owned Aircraft Liability	\$ _____
Deductible	Each Occurrence or Offense Amount	\$ _____
Deductible	Aggregate Amount	\$ _____



NON-OWNED AIRCRAFT: Provide following information with respect to non-owned aircraft operated by or on behalf of the airport.

Does airport use non-owned aircraft on airport business? YES NO

If YES, do employees pilot aircraft on airport business? YES NO

Describe types of aircraft flown on airport business: _____



FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO D.C. APPLICANTS: 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 of false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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 also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 conceal 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 civil and criminal penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: 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.



NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 insured 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.

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Signature

Today's Date

To Be Completed by Producer

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

