AIRPORT PROPERTY SUPPLEMENT

(Attach to ACORD 140, Property Section)

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
PHONE (A/C, No, Ext):	FOR COMPANY USE ONLY
FAX (A/C, No):	
E-MAIL ADDRESS:	
CODE: / SUB CODE:	
AGENCY CUSTOMER ID:	

AIRPORT INFORMATION

LOC #	BLDG #	AIRPORT ID	AIRPORT NAME, BUILDING DESCRIPTION		YES	NO
				1. IS THE AIRPORT FENCED?		
				2. IS THERE A FIRE DEPARTMENT ON THE FIELD?		
				3. IS THERE A CONTROL TOWER?		

DESCRIBE REPAIR, SERVICE WORK OR PAINTING IN THE HANGAR

DESCRIBE OTHER PROTECTION

DESCRIBE CONTENTS OF THE BUILDING

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