



AIRPORT AND FBO LIABILITY SECTION

DATE (MM/DD/YYYY)

| | | | | | | |
|-----------------------|-----------|--|----------|--------------------------------------|--------------|-------|
| AGENCY | | APPLICANT (First Named Insured) | | | | |
| PHONE (A/C, No, Ext): | | EFF DATE | EXP DATE | BILLING METHOD | PAYMENT PLAN | AUDIT |
| FAX (A/C, No): | | | | | | |
| E-MAIL ADDRESS: | | | | <input type="checkbox"/> AGENCY BILL | | |
| CODE: | SUB CODE: | ESTIMATED ANNUAL PREMIUM | | FOR COMPANY USE ONLY | | |
| AGENCY CUSTOMER ID: | | | | | | |

AIRPORT INFORMATION

| LOC # | AIRPORT ID | NAME | ELEVATION Ft. | DESCRIBE ANY SEA LANES | | |
|--|--------------------------------------|---|---|--|--|--|
| APPLICANT'S INTEREST IN AIRPORT <input type="checkbox"/> TENANT <input type="checkbox"/> AIRPORT OWNER <input type="checkbox"/> <input type="checkbox"/> GENERAL LESSEE <input type="checkbox"/> SUB-TENANT | | | AIRPORT OCCUPANCY <input type="checkbox"/> ENTIRE AIRPORT <input type="checkbox"/> PORTION - Explain | | FIRE STATION ON PREM? <input type="checkbox"/> YES <input type="checkbox"/> NO | DISTANCE TO FIRE STATION Mi. |
| AIRCRAFT | | | RUNWAYS | | | |
| NUMBER OF: | AIRCRAFT BASED AT THE AIRPORT | ESTIMATED ARRIVALS/ DEPARTURES THIS YEAR | CONSTRUCTION <input type="checkbox"/> BLACKTOP <input type="checkbox"/> CONCRETE | <input type="checkbox"/> GRAVEL <input type="checkbox"/> TURF | LIGHTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | LONGEST RUNWAY Ft. |
| AIRLINE AIRCRAFT | | | WHO MAINTAINS TAXIS AND RUNWAYS? | | | |
| GENERAL AVIATION AIRCRAFT | | | | | | |
| MILITARY AIRCRAFT | | | | | | |

AIRPORT GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|--------------------------|--------------------------|
| 1. ARE THERE ANY OBSTRUCTIONS TO THE APPROACH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DOES THE AIRPORT MAINTAIN AN AIR CRASH EMERGENCY PLAN? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. DOES THE AIRPORT MAINTAIN AN ANTI-TERRORIST PLAN? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. DOES THE AIRPORT EMPLOY MEDICAL PERSONNEL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. DOES THE AIRPORT MAINTAIN A BIRD STRIKE PREVENTION PROGRAM? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. IS THE AIRPORT FENCED? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. IS THERE A CONTROL TOWER ON THE AIRPORT? | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME OF OPERATOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (If Part Time, enter hours) | | |
| | | START TIME: |
| | | CLOSE TIME: |

GENERAL LESSEE / AIRPORT OWNER

| # BLDGS | BRIEF DESCRIPTION OF PREMISES |
|--|--|
| DESCRIBE ANY ULTRALIGHT, PARACHUTING OR AGRICULTURE ACTIVITIES ALLOWED | |
| DESCRIBE ANY RECREATIONAL OR NON-AVIATION USE OF THE AIRPORT | |
| DESCRIBE ANY AIR SHOWS, EXHIBITIONS OR OTHER AVIATION SPECIAL EVENTS SCHEDULED OR ANTICIPATED AT THE AIRPORT | |
| LIST AIRLINES AND SCHEDULED AIR TAXIS THAT WILL SERVE THE AIRPORT DURING THE NEXT YEAR | LIST THE TYPES OF AIRLINE / COMMUTER EQUIPMENT |
| | |
| | |
| | |

BUSINESS OWNER / MANAGEMENT

| AIRPORT MANAGER | YES | NO | BUSINESS OWNER | | | |
|---|--------------------------|--------------------------|---|-------------------------------------|---------------------------------------|------------------------------------|
| 1. IS THERE AN AIRPORT MANAGER? | <input type="checkbox"/> | <input type="checkbox"/> | NAME: | | | |
| 2. IS THE AIRPORT MANAGER AN EMPLOYEE OF THE INSURED? | <input type="checkbox"/> | <input type="checkbox"/> | OWNER STATUS | <input type="checkbox"/> ABSENTEE | <input type="checkbox"/> ACTIVE OWNER | |
| 3. IS THERE A MANAGER ON PREMISES DURING OPERATION? | <input type="checkbox"/> | <input type="checkbox"/> | EMPLOYEE STATUS | <input type="checkbox"/> CONTRACTED | <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME |
| MANAGER OF FLIGHT OPERATIONS | | | IF BUSINESS OWNER IS ABSENT, WHO MANAGES THE BUSINESS? | | | |
| NAME: | | | NAME: | | | |
| EXPERIENCE: | | | EXPERIENCE: | | | |

GROSS RECEIPTS

| SOURCE OF RECEIPTS | AMOUNT | SOURCE OF RECEIPTS | AMOUNT | SOURCE OF RECEIPTS | AMOUNT |
|--------------------------------|--------|----------------------|--------|--------------------|--------|
| FUEL & LUBRICANTS | \$ | ENGINE OVERHAUL | \$ | | \$ |
| AIRCRAFT REPAIR / SERVICING | \$ | TIE-DOWN / HANGARING | \$ | | \$ |
| AIRCRAFT PARTS (not installed) | \$ | PROPELLER REPAIR | \$ | | \$ |
| SALE OF NEW AIRCRAFT | \$ | AIRCRAFT CHARTER | \$ | | \$ |
| SALE OF USED AIRCRAFT | \$ | RENTAL - INSTRUCTION | \$ | | \$ |
| RESTAURANT | \$ | HELICOPTER REPAIRS | \$ | | \$ |
| AIRCRAFT PAINTING | \$ | AUTO PARKING | \$ | | \$ |

FUELING

| IS FUELING DONE: <input type="checkbox"/> BY SELF SERVE <input type="checkbox"/> BY TRUCK <input type="checkbox"/> ON PREMISES <input type="checkbox"/> BY APPLICANT <input type="checkbox"/> BY GAS PUMP | | | | ANNUAL GALLONAGE <table border="1"> <tr> <th>AIRLINE</th> <th>GENERAL AVIATION</th> <th>MILITARY</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | | | AIRLINE | GENERAL AVIATION | MILITARY | | | |
|--|------------------|---------------------------------|-----------------------------------|---|--|---------------------------------|---------|------------------|----------|--|--|--|
| AIRLINE | GENERAL AVIATION | MILITARY | | | | | | | | | | |
| | | | | | | | | | | | | |
| IF NOT BY APPLICANT, BY WHOM: | | | | FUEL STORED UNDERGROUND | | FUEL STORED ABOVE GROUND | | | | | | |
| APPLICANT SELLS: | | <input type="checkbox"/> AV GAS | <input type="checkbox"/> JET FUEL | <input type="checkbox"/> AUTO FUEL | | | | | | | | |

TIE-DOWNS / HANGARING

| | | | | | | |
|---------------------------------|--|--------------------------|--|--|--|---------------------------------------|
| LOCATION #: | | BUILDING #: | | AIRPORT ID: | | |
| TIE-DOWN PROVIDER | TYPE OF TIE-DOWNS (For Aircraft Tied-Out) | # TIE-DOWN SPACES | | MAXIMUM VALUE OF AIRCRAFT IN CARE, CUSTODY AND CONTROL OF APPLICANT | | |
| DESCRIBE STORAGE HANGARS | | | | ANY ONE AIRCRAFT | | ALL AIRCRAFT |
| | | | | \$ | | \$ |
| | | | | STORAGE HANGAR CONSTRUCTION TYPE | | STORAGE HANGAR AREA Sq. Ft. |

GENERAL INFORMATION

| | | | | |
|---|--|--|------------------------------|-----------------------------|
| ATTACH ACORD 332, HANGAR SCHEDULE, IF APPLICABLE | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1a. DO YOU REQUIRE HANGAR TENANTS TO CARRY INSURANCE? | | | | |
| 1b. IF "YES", DOES THEIR INSURANCE POLICY NAME THE OWNER AS AN ADDITIONAL INSURED? | | | | |
| 2. DO YOU REQUIRE TENANTS TO SIGN A HANGAR AGREEMENT HOLDING YOU HARMLESS FOR LOSSES NOT CAUSED BY YOU? | | | | |
| 3. ARE ANY AIRCRAFT OF OTHERS TAXIED, TOWED OR MOVED BY THE APPLICANT? | | | | |

CONTRACTS AND CONSTRUCTION

| | | | | |
|---|--|--|------------------------------|-----------------------------|
| ATTACH COPIES OF AGREEMENTS / CONTRACTS FOR ALL "YES" ANSWERS | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1. HAS APPLICANT ENTERED INTO ANY AGREEMENTS ASSUMING LIABILITY OF OTHERS SUCH AS LEASE OF PREMISES, FUEL SUPPLIER, EQUIPMENT LEASES, ETC.? | | | | |
| 2. DOES APPLICANT USE CONTRACTS FOR HANGARING AND TIE-DOWN SERVICE, ETC.? | | | | |
| 3. ESTIMATED COST OF CONSTRUCTION FOR RUNWAYS AND TAXIWAYS: \$ | | | | |

VEHICLES, ELEVATORS AND AIRCRAFT

| | NUMBER OF | | NUMBER OF | OTHER VEHICLES, ETC. | NUMBER OF | OTHER VEHICLES, ETC. | NUMBER OF |
|----------------|-----------|---|-----------|----------------------|-----------|----------------------|-----------|
| FUEL TRUCKS | | MOVING SIDEWALKS | | | | | |
| SNOW REMOVAL | | AIRCRAFT OWNED AND OPERATED BY APPLICANT | | | | | |
| FIRE ENGINES | | | | | | | |
| TUGS | | HELICOPTERS OWNED AND OPERATED BY APPLICANT | | | | | |
| MOWERS | | | | | | | |
| PICKUP TRUCKS | | | | | | | |
| PASSENGER CARS | | | | | | | |
| SWEEPERS | | | | | | | |
| ELEVATORS | | | | | | | |
| ESCALATORS | | | | | | | |

ARE ANY VEHICLES OPERATED OFF AIRPORT? If "YES", explain. YES NO

ADDITIONAL INTEREST

| INTEREST | RANK: | NAME AND ADDRESS | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER | |
|---|-------|--|--------------------------|-------------------------------|------------------|
| <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> CO-OWNER | | | <input type="checkbox"/> | LOCATION: | BUILDING: |
| | | | | AIRPORT: | AIRCRAFT: |
| | | | | SCHEDULED ITEM NUMBER: | |
| | | | | OTHER | |
| | | | | REASON FOR INTEREST | |
| LIEN AMOUNT | | PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: REFERENCE #: | | INTEREST END DATE | |

COVERAGES

| COVERAGE | | OPTIONS | LIMIT | APPLIES TO | DEDUCTIBLE | APPLIES TO | PREMIUM |
|--------------------------------|--------------------|---------|-------|--------------|------------|------------|---------|
| PREMISES LIABILITY | | | \$ | BI EA PERS | | | |
| | | | \$ | EA OCC | \$ | | \$ |
| | | | \$ | PD | | | |
| PREMISES MEDICAL PAYMENTS | | | \$ | EA PERS | | | \$ |
| | | | \$ | EA OCC | | | |
| PRODUCTS LIABILITY | SALE OF FUEL & OIL | | \$ | BI EA PERS | | | |
| | EXTENDED | | \$ | EA OCC | | | \$ |
| | | | \$ | AGGR | | | |
| COMPLETED OPERATIONS LIABILITY | EXTENDED | | \$ | BI EA PERS | | | \$ |
| | | | \$ | EA OCC | | | |
| | | | \$ | AGGR | | | |
| HANGARKEEPERS LEGAL LIABILITY | INCLUDING TAXI | | \$ | EA AIRCRAFT | \$ | | \$ |
| | IN FLIGHT | | \$ | EA OCC | \$ | | |
| FIRE LEGAL LIABILITY | | | \$ | ANY ONE FIRE | | | \$ |
| PERSONAL INJURY LIABILITY | | | \$ | EA OCC | | | \$ |
| | | | \$ | AGGR | | | |
| ADVERTISING LIABILITY | | | \$ | EA OCC | | | \$ |
| | | | \$ | AGGR | | | |
| CONTRACTUAL LIABILITY | INCLUDED | | | | | | |
| | EXCLUDED | | | | | | |
| COVERAGE | | OPTIONS | LIMIT | APPLIES TO | DEDUCTIBLE | APPLIES TO | PREMIUM |
| CODE | DESCRIPTION | | \$ | | \$ | | \$ |
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GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|--------------------------|--------------------------|
| 1. ANY AIRCRAFT OTHER THAN SINGLE ENGINE OR MULTI-ENGINE MAINTAINED, SERVICED OR REPAIRED BY APPLICANT? If "YES", enter number and type(s) of other aircraft. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. ARE AIRCRAFT OWNERS PERMITTED TO PERFORM ANY REPAIR SERVICE OR INSPECTION OF AIRCRAFT UNDER SUPERVISION? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HIGHEST VALUE OF AIRCRAFT MAINTAINED, SERVICED OR REPAIRED: \$ | | |
| 4. DOES THE APPLICANT PERFORM ENGINE OVERHAULS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. DOES THE APPLICANT PERFORM PROPELLER OVERHAULS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DOES THE APPLICANT PERFORM MAJOR AIRFRAME STRUCTURAL REPAIRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. DOES THE APPLICANT PERFORM AIRCRAFT PAINTING? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DOES THE APPLICANT PARTICIPATE IN THE NATIONAL AIR TRANSPORTATION ASSOCIATION (NATA) SAFETY FIRST PROGRAM? | <input type="checkbox"/> | <input type="checkbox"/> |