



# PRIVATE HANGAR 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:						

**HANGAR INFORMATION** LOCATION #: BUILDING #: AIRPORT ID:

AIRPORT NAME:

NUMBER OF HANGARS INSURED: MAXIMUM VALUE OF ALL AIRCRAFT STORED IN THE HANGAR: \$

NUMBER OF AIRCRAFT OWNER STORES IN THE INSURED HANGAR: NUMBER OF HANGAR SPACES YOU LEASE:

TYPE OF AIRCRAFT THE HANGAR OWNER OWNS / STORES IN THE HANGAR		WHO HAS ACCESS TO LEASED HANGARS?
MAKE	MODEL	

LIABILITY AND PHYSICAL DAMAGE INSURANCE COMPANY:

DESCRIPTION OF HANGAR

DESCRIBE OTHER ITEMS IN STORAGE

DESCRIBE ANY COMMERCIAL OPERATIONS YOU OR YOUR TENANT CARRY OUT IN THE HANGAR

IF YOU ARE REQUIRED TO SIGN AIRPORT HANGAR AGREEMENTS WITH YOUR CITY, WITH WHOM ARE THE AGREEMENTS SIGNED?

**GENERAL INFORMATION**

	YES	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?		

**ADDITIONAL INSURED**

NAME AND ADDRESS	<input type="checkbox"/> CERTIFICATE REQUIRED	DESCRIBE REASON FOR INTEREST
		PHONE (AC, No, Ext):
		FAX (AC, No.):
		E-MAIL ADDRESS:
NAME AND ADDRESS	<input type="checkbox"/> CERTIFICATE REQUIRED	DESCRIBE REASON FOR INTEREST
		PHONE (AC, No, Ext):
		FAX (AC, No.):
		E-MAIL ADDRESS:

**COVERAGES**

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM	
HANGARKEEPERS LEGAL LIABILITY	INCLUDING TAXI	\$	EA AIRCRAFT	\$		\$	
	IN FLIGHT	\$	EA OCC	\$			
		\$		\$			
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
			\$		\$		\$
			\$		\$		\$
			\$		\$		\$