

AIRPORT INSURANCE APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

APPLICANT IS: Individual Corporation Partnership (name each partner) _____

Whose Business is: _____

Quotation for Airport Liability Insurance is requested for an annual period beginning _____

Name of Airport _____ Identifier _____ Located _____ Miles _____ of _____
North,East,South,West (City)

APPLICANT IS: Tenant General Lessee Airport Owner Present Insurance expires _____

OPERATIONS of APPLICANT – indicate all operations and estimated annual gross receipts.

List all other sources and receipts below. Use separate sheet if necessary

Fuel & Lubricant	\$ _____	Aircraft Repair	\$ _____	
Tie Downs & Hangaring	\$ _____	Aircraft Charter	\$ _____	\$ _____
Landing Fees	\$ _____	Rental & Instruction	\$ _____	\$ _____
New Aircraft	\$ _____	Helicopter Repair	\$ _____	\$ _____
Used Aircraft	\$ _____	Restaurant	\$ _____	\$ _____
Aircraft Parts	\$ _____	Auto Parking	\$ _____	Total - \$ _____

Are any aircraft-(other than single engine or piston multi-engine)-maintained, serviced or repaired by applicant? No Yes

If Yes, specify number and type: _____

Highest value of aircraft maintained, serviced or repaired by applicant: _____

Does applicant perform any: Engine Overhauls No Yes; Propeller Overhauls No Yes
 Major airframe structural repairs No Yes Auto-Pilot Overhauls No Yes

LIABILITY COVERAGE-state limits of liability desired.	EACH PERSON	EACH OCCURRENCE
Bodily Injury Liability	\$	\$
Property Damage Liability	\$	\$
Single Limit Bodily Injury and Property Damage	XXXXXXX	\$
Ground Hangarkeepers Liability	\$	\$
	<small>EACH AIRCRAFT</small>	

TIE DOWN & HANGARING by APPLICANT – are aircraft of others taxied, towed or moved by applicant? No Yes

Who provides tie down ropes/chains, etc? _____

Number of tie down spaces _____; T-hangars _____; multiple aircraft hangars _____

Number of aircraft tied down _____; in T-hangars _____; in multiple aircraft hangars \$ _____

Highest value a/c tied down \$ _____; in T-hangars \$ _____; in multiple aircraft hangars \$ _____

Total value all a/c tied down \$ _____; in T-hangars \$ _____; in multiple aircraft hangars \$ _____

APPLICANT VEHICLES, ELEVATORS and AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:

Fuel Trucks _____; Snow Removal _____; Fire Engines _____; Tugs _____;
 Mowers _____; Pickup Trucks _____; Passenger Cars _____; Other _____
 State number of Elevators _____; Escalators _____; Moving Sidewalks _____
 State number of Aircraft owned or operated by applicant _____; Number of Helicopters _____

CONTRACTS – Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc? **NO** **YES (attach copies)**

Does applicant use contracts for hangaring, tie down, service, etc; **NO** **YES (attach sample)**

CONSTRUCTION by Independent Contractors – show estimated cost by type of construction

Runways & Taxiways..... \$ _____ next year; \$ _____ next three years
 All others (describe) _____ \$ _____ next year; \$ _____ next three years

AIRPORT DESCRIPTION – Elevation is _____ ft; Longest runway is _____ ft



Number of aircraft based at airport: Airline _____, General Aviation _____, Military _____
 Runway construction: Concrete Turf Gravel Blacktop Other _____; Are runways lighted? **NO** **YES**
 Is aircraft traffic controlled? **NO** **YES – by Tower** Unicom – Operated by _____
 Is there an airport manager? **NO** **YES** Employed by: _____
 Is manager on premises during hours of operation? **NO** **YES** Hours of operation _____ to _____
 Fire station located at airport **NO** it is _____ miles from the airport. **YES**
 Is airport fenced? **NO** **YES** Who maintains the airport? _____
 Does the applicant own, operate or maintain any navigational aids: **NO** **YES (describe)** _____

If applicant is Owner or General Lessee – Complete the following:

Airport Manager is: Employee of applicant; Independent Contractor (furnish copy of contract)
 Any Recreational or other Non-Aviation facilities or use of Airport premises? **NO** **YES (describe)** _____
 List Airlines and scheduled Air Taxis that will serve this airport during next three years: _____

Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

Fueling: On premises No Yes Done applicant No Yes

Fuel is by: Truck Hydrant Gas Pump Gas Pit _____

(Other)

Annual Gallonage: Airline _____ gallons; General Aviation _____ gallons; Military _____ gallons

Type of fuel sold **AVGAS** **JET FUEL** **AUTO FUEL**

Fuel Storage Facilities: Underground _____ gallons; Above ground _____ gallons

Annual Gallonage of Turbine Engine Fuel _____ gallons

LOSS HISTORY and PREVIOUS AVIATION INSURANCE	Explain each "YES" answer	
<p>_____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Has applicant had any airport/aviation losses/claims during last five years No Yes</p> <p>Explain _____</p>		
<p>Has any insurer canceled, declined or refused to renew any airport/aviation insurance company No Yes</p> <p>Explain _____</p> <p>Name of last or present airport/aviation Insurance Company _____</p>		

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 insurer 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.

Date: _____ Applicants Signature _____

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(The applicant's insurance agent may not sign this Application for the Applicant)

Producer _____

Address: _____

City _____ State _____

Telephone No. _____ Facsimile No. _____

Aircraft & Aviation Insurance Services Company
13744 Hwy 281 N
Round Mountain, TX 78663
(830) 825-3150 – Fax (830) 825-2115