

13. Does Insured engage directly in any of the following operations?

Current Year
Annual Receipts

Next Year
Annual Receipts

- a. Sale of Aircraft NO YES
- b. Aircraft Repairs & Service NO YES
- c. Aircraft Parts Sold but not serviced NO YES
- d. Ground Handling NO YES
- e. Cargo/Baggage Handling NO YES
- f. Skycap NO YES
- g. Planemate Operation NO YES
- h. Security Screening NO YES
- i. Restaurant Operations NO YES
- j. Passenger Shuttle Bus or Van Operations NO YES
- k. Other NO YES
- l. Are you planning to change any of your Historical Operations (describe below) NO YES

14. FUELING: On Premises? NO YES Done by Applicant? NO YES

Fueling is by: Truck Hydrant Gas Pump Gas Pit Other

Fuel Storage Facilities: **Underground** gallons
Above Ground gallons

Type of Fuel

Annual Gallonage: Airline gallons General Aviation gallons Military gallons

Type of Fuel Sold: AVGAS JET FUEL AUTO FUEL

Annual Gallonage of Turbine Engine Fuel: gallons

Does Applicant refuel / defuel any Scheduled Airlines? NO YES

If YES, describe type of aircraft and number fueled per day.

What are your Annual Gross Receipts for fueling?

- a. Airline
- b. General Aviation

15. TIE DOWN & HANGARING BY APPLICANT:

NO YES If YES, complete the following:

- a. Do you rent Hangars or Tie Downs directly to the Aircraft Owners? NO YES
- b. Or Fixed Base Operators, who in turn rent to Aircraft Owners? NO YES
- c. Are Aircraft of others taxied, towed or moved by Applicant? NO YES
- d. Who provides Tie Down ropes, chains, etc.?
- e. Number of:

Tied Down Spaces	T-Hangars	Multiple Aircraft Hangars
Number of Aircraft:		
Tied Down	In T-Hangars	In Multiple Aircraft Hangars
Highest Value Aircraft:		
Tied Down \$	In T-Hangars \$	In Multiple Aircraft Hangars \$

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

Name of Applicant _____

Total Value All Aircraft Combined:

Tied Down \$

In T-Hangars \$

In Multiple Aircraft Hangars \$

Number of:

Ultra-light Aircraft

Helicopters

Please answer the following:

f. Does Applicant charge for Automobile Parking? NO YES

If YES, give area:

g. Is Automobile Parking let out to contract? NO YES

If so, who?

16. Estimated Structural Alterations:

Runways/Taxiways

All Other

a. By Independent Contractors – cost next 12 months:

\$

\$

b. By Applicant – cost next 12 months:

\$

\$

17. Does Applicant own, operate or maintain any of the following?

Number

Who Maintains?

- a. Elevators
- b. Escalators
- c. Moving Sidewalks
- d. Fuel Trucks
- e. Mowers
- f. Snow Removal
- g. Pick-Up Trucks
- h. Fire Engine
- i. Passenger Cars
- j. Tugs
- k. Fixed wing Aircraft owned by Applicant
- l. Helicopters owned by Applicant
- m. Other

18. Does applicant own, operate or maintain any navigational aids or unicom?

NO YES

If YES, describe

19. EXCESS AUTOMOBILE LIABILITY – OFF PREMISES

Do you want coverage for Off Premises Excess Automobile Liability?

NO YES

If YES, complete the following:

a. Of the vehicles listed in question 17 – how many routinely go off the Airport premises?

b. Describe the vehicles that routinely go off Airport Premises

c. Who is your Primary Automobile Insurance Company and Policy Number?

d. What limits of liability are provided?

e. Have you had any Automobile Liability claims in the last 6 years greater than \$50,000.?

NO YES

If YES, describe

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

Name of Applicant _____

20. EXCESS EMPLOYERS LIABILITY COVERAGE – EXCLUDING DISEASE

Do you want this coverage?

NO YES

If YES, complete the following:

- a. Who is your primary Employers Liability Insurance Company and Policy Number?
- b. What limits of liability are provided?
- c. Have you had any Employers Liability claims in the last 6 years greater than \$50,000.?

NO YES

If YES, describe

- d. How many employees do you have?
- e. What are your annual payrolls by W.C.A. class code?

Code	Payroll
Code	Payroll
Code	Payroll
Code	Payroll

21. Have you had any aviation liability claims during the current policy period or during the prior 5 years thereto?

NO YES

If YES, please provide:

22. COVERAGE TO BE QUOTED

Single Limit Bodily Injury, and Property Damage Liability Combined \$ _____ each occurrence and annual aggregate as respects Products-Completed Operations Liability. Personal / Advertising Injury and Malpractice are included separately for a sub-limit of not more than \$25,000,000. any one offense / aggregate over the Primary and Excess Policies combined.

23. PRESENT COVERAGES

Aviation Operations Liability

- a. Present Company
- b. Limits of Liability
- c. Deductible
- d. Expiration Date
- e. During the last year, no insurer has cancelled or refused to renew the Applicant's Aviation Insurance except:

(State "No Exception" or name Insurer, date and reason)

REMARKS

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

All particulars herein are true and complete to the best of my 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.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KS; KY; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA, VT; WA; WV)

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.

Arkansas – 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.

Colorado – 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - 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 if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – 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.

Kansas - Any person who with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law.

Kentucky – 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.

Louisiana – Any person who knowingly and 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.

Maine – 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.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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.

New York – 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 subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

Oregon – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania – 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 subjects such person to criminal and civil penalties.

Tennessee - 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.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

Name of Applicant _____

Virginia - 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.

Washington - 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.

West Virginia – 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.

Date _____ Applicant's Signature _____
All Owners Must Sign

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.

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

Producer: _____ Producer Signature: _____
Address: _____
City: _____
State: _____ Phone No.: _____ Fax No.: _____

Are you licensed in the state where the risk is located as: Surplus Lines Broker
 Agent

By the Company of Issue (Item No. 3): YES NO

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