

GENERAL AVIATION AIRPORT LIABILITY INSURANCE APPLICATION
 (Not for use if Airline or Commuter Operations involved)

EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1. Is this a Public Bid? NO YES (If YES, the complete bid specifications must be attached)

2. Name of Applicant:

Address:

Applicant Is: Corporation* Partnership*
 Individual Estate
 Municipality

*If Corporation or Partnership give names of Officers or Partners, listed below

3. Coverage to be effective from 20 to 20

4. Name and Location of Airport:

Airport Identifier:

Please complete separate Application for each Airport location

5. F.A.A. Airport Classification:

6. Interest of Applicant in Airport: Tenant General Lessee Airport Owner

7. Runways:

	HEADING	LENGTH	WIDTH	SURFACE
(a)				
(b)				
(c)				
(d)				

8. Is Airport Fenced 100%? NO YES / Is Airport Fenced Partially? NO YES

9. Is a Fire Station on premises, if not, who responds and how far away?

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

10. Please answer the following:

- a. Is a Manager on premises 24 hours a day? NO YES
If NO, when?
- b. Is Airport Manager an employee of the Named Insured? NO YES
- c. If NO, of whom and supply a copy of the contract
- d. Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager? NO YES
If YES, describe
- e. How much Insurance do they carry?
- f. When does their coverage expire?
- g. Do they hold you harmless? NO YES
- h. Does their Insurance Policy include you as an Additional Insured? NO YES
- i. Does the contract between you and the Airport Manager specifically outline:
 - i. his/her duties as Manager and
 - ii. Insurance requirements? NO YES

11. Are there any Non-Aviation activities at the Airport? NO YES

Describe

12. Total Aircraft Operations (Take-Offs and Landings):

This Fiscal Year

Next Fiscal Year

- a. General Aviation / Air Taxi
- b. Military
- c. Other
- d. Total Operations

13. Please answer the following:

- a. Largest Aircraft Type commonly using the Airport:
- b. Who operates the Aircraft in (a)?

14. Does Insured / Applicant engage directly in any of the following operations?

If YES, list Annual Receipts

- a. Aircraft Sold – New
 - Fixed Wing NO YES
 - Helicopter NO YES
- b. Aircraft Sold – Used
 - Fixed Wing NO YES
 - Helicopter NO YES
- c. Aircraft Repairs & Service (including parts installed)
 - Fixed Wing NO YES
 - Helicopter NO YES
- d. Aircraft Parts Sold – Not Installed
 - Fixed Wing NO YES
 - Helicopter NO YES

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

- e. Aircraft Fuel & Oil
 - Airlines NO YES
 - General Aviation (including Helicopters) NO YES
- f. Cargo Handling NO YES
- g. Cargo Storage NO YES
- h. Security Screening NO YES
- i. Rental & Instruction NO YES
- j. Restaurant Operations NO YES
- k. Automobile / Shuttle Bus NO YES
- l. Agricultural Operations NO YES
- m. Airmeets, Contests, Exhibitions NO YES
- n. Other Operations (describe below) NO YES

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

IF FUELING IS DONE ON PREMISES AND/OR BY APPLICANT PLEASE ANSWER THE FOLLOWING:

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.

Self-Serve Fuel: Does applicant provide Self-Serve Fuel on premises? NO YES

If YES: Who is responsible for Fuel and Equipment maintenance of tanks?

Who receives the profit from the sale of fuel?

16. If you answered yes to Aircraft or Helicopter Repairs & Service, describe the type of Aircraft and Helicopters serviced and the scope of your work

17. AIR MEETS, CONTESTS, EXHIBITIONS – Our policy excludes Air Meets, Contests and Exhibitions without prior agreement, but does not exclude “Static Displays”. If you plan to have an Air Meet, Contest or Exhibition, different conditions will apply.

Contact your Insurance Agent for details.

18. Is your Control Tower operated by the FAA? NO YES

If NO:

- a. Who Operates it?
- b. How much Insurance do they carry?
- c. When does their Insurance expire?
- d. Do they hold you harmless?
- e. Does their Insurance Policy include you as an Additional Insured?

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

19. TIE DOWN & HANGARING BY APPLICANT:

Are Aircraft of others taxied, moved or towed by Applicant? NO YES

If NO, who provides these services on premises?

If YES, provide information regarding training of employees for the performance of these duties

Who provides Tie Down ropes, chains, etc.?

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 \$
Total Value All Aircraft Combined:		
Tied Down \$	In T-Hangars \$	In Multiple Aircraft Hangars \$

Number of:

Ultra-light Aircraft	Helicopters
----------------------	-------------

20. PARKING:

Does Applicant charge for Automobile Parking? NO YES

If YES, give area:

Total Number of Parking Spaces operated by Insured operated by Contractor

21. Estimated Structural Alterations:

	Runways/Taxiways	All Other
a. By Independent Contractors – cost next 12 months:	\$	\$
b. By Applicant – cost next 12 months:	\$	\$

22. As respects Incidental Malpractice, do you employ any full-time Nurses, Doctors or EMT's, and if so, please give full details – including number of each and the maximum number on duty at any one time:

23. Does Applicant own, operate or maintain any of the following? **Number** **Who Maintains?**

- a. Elevators
- b. Escalators
- c. Moving Sidewalks
- d. Revolving Doors
- e. Fuel Trucks
- f. Mowers

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

g. Snow Removal

Are all vehicles restricted to on airport premises?

h. Pick-Up Trucks

NO YES

i. Fire Engine / Fire Rescue

If NO, provide details

j. Passenger Cars

k. Tugs

l. Fixed wing Aircraft owned by Applicant

m. Helicopters owned by Applicant

n. Other

24. AIRPORT SECURITY:

Airport Security is provided by

If Applicant, provide number on duty at any one time:

Policy / Security

Fireman / Rescue

Other (please describe)

25. Minimum Limits that you are requiring

	Minimum Limits Required by You	Are You Named as an	Are You Indemnified
	Should Not Be Less Than	Additional Insured?	Held Harmless?
a. Fixed Base Operators	\$2,000,000	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
b. Concessionaires	\$1,000,000	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
c. Contractors	\$5,000,000	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES
d. Others (describe below)			

e. Attach samples of your Standard Agreements. Are they all similar? If not, advise details on a separate sheet and/or provide copies of contracts.

VERY IMPORTANT

If your minimum limits required by you are not as high as those shown above, you must complete Page 9 of the Application. By leaving Page 9 blank you are representing that the Insured requires the minimum limits of liability as stated above.

26. NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:

- a. Number of hours per year when you use a Non-Owned Aircraft piloted by people other than employees of the Applicant and type of Aircraft and maximum seating:
- b. Number of hours per year when employees of Applicant use Non-Owned Aircraft on Applicant's business and type of Aircraft and maximum seating:
- c. As respects (b) above, each employee pilot must complete Pilot History Form which may be obtained from your Agent.
- d. Have you had any Airport Liability or Non-Owned Aircraft Liability claims during the current policy period or during the prior 6 years thereto? NO YES

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

If YES, please provide:

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>
---------------------	--------------------	--------------------	---------------------------

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>
---------------------	--------------------	--------------------	---------------------------

NOTE: If claim Incurred over \$5,000., give breakdown of each claim by date, description and amount paid and/or reserved.

27. COVERAGE & LIMITS REQUESTED

Limits:

\$ Each Occurrence – Combined Single Limit, Bodily Injury and Property Damage

(An annual aggregate applies to products/completed operations and personal injury/advertising liabilities)

Coverages:

- Products & Completed Operations
- Incidental Medical Malpractice Liability
- Medical Payments: \$ each person
- Personal Injury **Including** Advertising Injury
- Hangarkeepers Liability: \$ Each Aircraft
Deductible: \$ Each Occurrence
\$ \$ Each **Loss**
- Fire Legal Liability: \$ Any One Fire
- Other (Specify)

28. PRESENT COVERAGES

Airport 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

NAME OF APPLICANT _____

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; 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.

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.

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

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.

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 License No.: _____
 Agent License No.: _____

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

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

<p>If the Limit Required are Less Than the Minimum Limits shown under Item 25 of the Application Please Contact the Lessee / Permittee and Ascertain what Actual Limits are Carried <u>Fill It In Below</u></p>	
<p>What Cancellation or Review Provisions are Contained in the Contract as Respects Insurance Requirements</p>	
<p>What is the Renewal Date of Contract</p>	
<p>Permittee / Lessee Include Airport as an Additional Insured</p>	
<p>Does Contract with Permittee / Lessee Hold Harmless & Indemnify Airport</p>	
<p>Limits of Liability Contract Requires Permittee / Lessee to Carry</p>	
<p>Business of Permittee / Lessee</p>	
<p>Permittee/ Lessee</p>	

**NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN
INSOLVENCY UNDER THE MINNESOTA INSURANCE
GUARANTY ASSOCIATION LAW**

The financial strength of your insurer is one of the most important things for you to consider when determining from whom to purchase a property or liability insurance policy. It is your best assurance that you will receive the protection for which you purchased the policy. If your insurer becomes insolvent, you may have protection from the Minnesota Insurance Guaranty Association as described below but to the extent that your policy is not protected by the Minnesota Insurance Guaranty Association or if it exceeds the guaranty association's limits, you will only have the assets, if any, of the insolvent insurer to satisfy your claim.

Residents of Minnesota who purchase property and casualty or liability insurance from insurance companies licensed to do business in Minnesota are protected, **SUBJECT TO LIMITS AND EXCLUSIONS**, in the event the insurer becomes insolvent. This protection is provided by the Minnesota Insurance Guaranty Association.

Minnesota Insurance Guaranty Association
4640 West 77th Street, Suite 342
Edina, Minnesota 55435
612-831-1908

The maximum amount that the Minnesota Insurance Guaranty Association will pay in regard to a claim under all policies issued by the same insurer is limited to \$300,000. This limit does not apply to workers' compensation insurance. Protection by the guaranty association is subject to other substantial limitations and exclusions. If your claim exceeds the guaranty association's limits, you may still recover a part or all of that amount from the proceeds from the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The guaranty association assesses insurers licensed to sell property and casualty or liability insurance in Minnesota after the insolvency occurs. Claims are paid from the assessment.

THE PROTECTION PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON PROTECTION BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF PROPERTY AND CASUALTY INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL PROPERTY AND CASUALTY INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE."