



Phoenix Aviation Managers, Inc.

P.O. Box 440757  
Kennesaw, Georgia 30160

15660 N. Dallas Parkway Suite 1000  
Dallas, Texas 75248

**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? \_\_\_\_\_

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



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? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

- |   |               |  |
|---|---------------|--|
|   | <b>Number</b> |  |
| e. Fuel Trucks                            | _____         |  |
| f. Mowers                                 | _____         |  |
| g. Snow Removal                           | _____         | Are all vehicles restricted to on airport premises?      |
| h. Pick-Up Trucks                         | _____         | <input type="checkbox"/> NO <input type="checkbox"/> 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. HOLD HARMLESS (Coverage Required):

	Minimum Limits Required by You Should be Not Less Than	Are You Named as an Additional Insured
a. Fixed Base Operators	\$ 2,000,000.	<input type="checkbox"/> NO <input type="checkbox"/> YES
b. Concessionaires	\$ 1,000,000.	<input type="checkbox"/> NO <input type="checkbox"/> YES
c. Contractors	\$ 5,000,000.	<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 7 of the Application. By leaving Page 7 blank you are stipulating 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.

27. 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

If YES, please provide:

<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.

28. 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



**Maryland** – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**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 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, which is a crime.

**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, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania** – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

**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.

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.)

**The following must be completed by Agent or Broker before Policy can be issued:**

Producer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Are you licensed in the state where the risk is located as:**

- Surplus Lines Broker
- Agent
- YES  NO

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

Permittee/ Lessee	Business of Permittee / Lessee	Limits of Liability Contract Requires Permittee / Lessee to Carry	Does Contract with Permittee / Lessee Hold Harmless & Indemnify Airport	Permittee / Lessee Include Airport as an Additional Insured	What is the Renewal Date of Contract	What Cancellation or Review Provisions are Contained in the Contract as Respects Insurance Requirements	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>