

Name of Applicant _____

Mail Address _____

Physical Address (if different): _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership/LLC ☐ Government Entity ☐ Other: _____

Applicant's business is: _____ Yrs. In Business: _____

Applicant is: ☐ TENANT ☐ GENERAL LESSEE ☐ AIRPORT OWNER No. of Employees _____

Applicant occupies what part of airport? ☐ ENTIRE ☐ PORTION (explain): _____

NAME OF AIRPORT: _____ City & State _____ FAA ID _____

If applicant is a general lessee or airport owner, are any ultralight, parachuting, agriculture activities allowed on premises? ☐ YES ☐ NO

If "YES" please explain: _____

INSURANCE COVERAGE & LIMITS (Indicate Coverage and Limits Desired): Proposed Effective Date of Coverage: _____

☐ PREMISES ☐ PRODUCTS/COMPLETED OPERATIONS ☐ HANGARKEEPER'S ☐ MEDICAL PAYMENTS ☐ FIRE LEGAL LIABILITY
☐ INDEPENDENT CONTRACTORS ☐ CONTRACTUAL LIABILITY ☐ PERSONAL INJURY LIABILITY ☐ ADVERTISING INJURY LIABILITY

TOTAL POLICY COVERAGE LIMIT	\$ _____	EA. OCCURRENCE	HANGARKEEPER'S LIABILITY	\$ _____	EA. AIRCRAFT
AIRPORT OPERATIONS	\$ _____	EA. PERSON		\$ _____	EA. OCCURRENCE
	\$ _____	EA. OCCURRENCE		\$ _____	DEDUCTIBLE
PRODUCTS / COMPLETED OPERATIONS:	\$ _____	EA. PERSON	PERSONAL INJURY LIABILITY	\$ _____	EA. OCCURRENCE
	\$ _____	EA. OCCURRENCE		\$ _____	ANN. AGGREGATE
	\$ _____	ANN. AGGREGATE	ADVERTISING INJURY LIABILITY	\$ _____	EA. OCCURRENCE
INDEPENDENT CONTRACTORS:	\$ _____	EA. OCCURRENCE		\$ _____	ANN. AGGREGATE
CONTRACTUAL LIABILITY:	\$ _____	EA. OCCURRENCE	MEDICAL PAYMENTS	\$ _____	EA. PERSON
FIRE LEGAL LIABILITY:	\$ _____	EA. OCCURRENCE		\$ _____	EA. OCCURRENCE

OPERATIONS OF APPLICANT Indicate ALL operations and estimated annual gross receipts (Use additional sheets if necessary):

AIRCRAFT PAINTING	\$ _____	PROPELLER REPAIR / OVERHAUL	\$ _____
FUEL AND LUBRICANTS	\$ _____	PARTS NOT INSTALLED	\$ _____
AIRCRAFT REPAIRS & SERVICES	\$ _____	FOOD / VENDING	\$ _____
HELICOPTER REPAIRS & SERVICES	\$ _____	OTHER (Specify) _____	\$ _____
ENGINE OVERHAUL	\$ _____	OTHER (Specify) _____	\$ _____

APPLICANT'S VEHICLES, ELEVATORS & AIRCRAFT

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

FUEL TRUCKS _____ MOWERS _____ SNOW REMOVAL _____ FIRE ENGINES _____ AIRCRAFT TUGS _____
MOBILE EQUIP. _____ SWEEPERS _____ PASSENGER CARS _____ PICKUP TRUCKS _____ OTHER _____

NUMBER OF ELEVATORS _____ NO. OF ESCALATORS _____ MOVING SIDEWALKS _____

NUMBER OF AIRCRAFT OWNED OR OPERATED BY APPLICANT: _____ NUMBER OF HELICOPTERS: _____

CONTRACTUAL LIABILITY

Has applicant entered into any written agreements assuming the liability of others, such as under a lease of premises, fuel supplier contract or equipment lease?

☐ YES ☐ NO If "YES", please attach copies of all such agreements.

Does Applicant use uniform customer contracts for hangaring, service, etc.? ☐ YES ☐ NO If "YES", please attach copies of all such agreements.

INDEPENDENT CONTRACTORS

Show estimated cost by type of construction expected during the next 12 months, if any:

RUNWAYS & TAXIWAYS \$ _____ ALL OTHERS (Describe): _____ \$ _____

FUELING OPERATIONS

On Premises? ☐ YES ☐ NO By Applicant? ☐ YES ☐ NO FUELING is by ☐ TRUCK ☐ PUMP ☐ Other: _____

Annual Gallonage: AIRLINE _____ GENERAL AVIATION _____ MILITARY _____

TYPE OF FUEL SOLD: ☐ AVGAS ☐ JET FUEL ☐ AUTO GAS

FUEL STORAGE FACILITIES: UNDERGROUND _____ Gallons ABOVE GROUND _____ Gallons

Are static lines attached during all refueling operations? ☐ YES ☐ NO Are U.L. Approved Fire Extinguishers carried on each fueling vehicle? ☐ YES ☐ NO

NOTICE TO APPLICANTS:

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

NOTICE TO COLORADO APPLICANTS:

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.

NOTICE TO FLORIDA AND OKLAHOMA APPLICANTS:

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)*. *Applies in FL Only.

NOTICE TO KANSAS APPLICANTS:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS:

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:

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 and denial of insurance benefits. *Applies in ME Only.

NOTICE TO NEW JERSEY APPLICANTS:

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

NOTICE TO OREGON APPLICANTS:

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

I/We confirm that all the information given in his application is true and complete to the best of my/our knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the insurer shall be the basis for any contract between me/us and the Insurer.

Applicant's Signature: _____ Date: _____

Applicant's Name (Print): _____ Title: _____