



AIRPORT LIABILITY APPLICATION

Applicant's Name _____

Mailing Address _____

Effective From _____ Until _____
BOTH AT 12:01 am standard time at the address in item 2 above.
Applicant is: Government Corporation Partnership _____
Name All Partners
 Estate Other: _____
Describe

GENERAL INFORMATION
Name & location of this Airport (this application is only for one airport location)

Applicant interest in Airport is: Owner Lessor Applicant is: Lessee Trustee Other _____
Describe
If Applicant is Government:
a.) Does airport board/authority/commission or transportation authority operate airport? Yes No
b.) Does applicant submit airport insurance for public bid annually? Yes No
c.) Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers? Yes No
If Yes to c. show:
Limits \$ _____ Expiration _____ Deductible/S.I.R.: \$ _____
If No to c., describe program fully _____

Use extra paper to provide full description
d.) Airport Budget Last Year \$ _____ This Year \$ _____
FAA Airport Classification _____
Airport altitude _____
List certificate restrictions and exemptions _____

PREMISES - OPERATIONS
Control Tower Operation: No Control Tower FAA Tower Other - Operated By: _____

Operating Days/Hours are: _____
Applicant Does Does Not Operate Unicom Service
Are any Nav aids, Radars, Windshear detectors or aircraft communications owned, leased or maintained by applicant? _____
Describe: _____
Runways, Taxiways, Ramps inspected/maintained by Applicant Other _____
Name of Firm
Does applicant maintain/operate fuel storage facilities? Yes No
a.) If "yes" to 16, tanks are above ground below ground
b.) Frequency of inspections _____
Non-Aviation activities on Airport Lodging Industrial Park Storage Farming
 Other _____
Describe All Non-Aviation Activities

PREMISES - OPERATIONS *Continued*

Does Applicant:

- a.) Maintain Air Crash Emergency Plan? Yes No
- b.) Maintain Anti-Terrorist Plan? Yes No
- c.) Employ Medical Personnel? Yes No Do they have separate insurance coverage? Yes No

Describe: _____

- d.) Base Fire Fighting vehicles on the Airport full time? Yes No
If No, distance to nearest Fire Department _____ Miles

- e.) Maintain Wildlife and Bird Strike prevention program? Yes No
- f.) Own, operate, use or maintain any off-Airport premises to be covered? Yes No

Describe all locations and uses: _____

- g.) Charge for auto parking? Yes No
Number of parking spaces _____

- h.) Host/sponsor or operate Airshows? Yes No
Describe: _____

- i.) (i) Number of: Elevators? _____ Escalators? _____
Moving Sidewalks? _____ Automated Passenger Trains? _____ Automatic Doors? _____

(ii) Who maintains? _____

Is Airport completely fenced in? Yes No

- a.) Airport security is provided by: _____
- b.) Frequency of patrols: _____ Do they have separate insurance coverage? Yes No

Estimated number of aircraft movements this year for:

- a.) General aviation _____
- b.) Commuter airlines _____
- c.) Other airlines _____
- d.) Military _____
- TOTAL _____

Estimated number of enplaned passengers this year _____

Largest Aircraft using Airport _____ By _____
Make & Model Name of Operator

Runways:

| | HEADING | LENGTH | WIDTH | SURFACE | DESCRIBE ALL OBSTRUCTIONS |
|----|---------|--------|-------|---------|---------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |

List all Air Carriers using the Airport

PRODUCTS/COMPLETED OPERATIONS

| Does Applicant engage in: | YES/NO | GROSS SALES LAST YEAR | ESTIMATED THIS YEAR |
|----------------------------------------------|--------|--------------------------|------------------------|
| a.) Aircraft Fueling | _____ | \$ _____ | \$ _____ |
| Gallons _____ | | _____ gal | _____ gal |
| b.) Aircraft Maintenance/Repairs | _____ | \$ _____ | \$ _____ |
| c.) Aircraft Parts/Accessories Sales | _____ | \$ _____ | \$ _____ |
| d.) Cargo/Baggage Handling or Storage | _____ | \$ _____ | \$ _____ |
| e.) Jetway or Planemate Operation | _____ | \$ _____ | \$ _____ |
| f.) Passenger or Baggage Security Operations | _____ | \$ _____ | \$ _____ |
| g.) Aircraft Towing | _____ | \$ _____ | \$ _____ |
| h.) Aircraft De-icing | _____ | \$ _____ | \$ _____ |
| j.) Restaurant/Vending Machine Operations | _____ | \$ _____ | \$ _____ |
| j.) Airline ground support services | _____ | \$ _____ | \$ _____ |
| k.) Control Tower | _____ | \$ _____ | \$ _____ |
| l.) Other _____ | _____ | \$ _____ | \$ _____ |

List All Other Operations

HANGARKEEPERS LIABILITY (AIRCRAFT IN YOUR CUSTODY FOR STORAGE/SAFEKEEPING/REPAIR/SERVICING)

a.) No. of hangars _____ b.) No. of tie-down/parking spaces _____

c.) Describe each hangar _____
(Show age, construction materials, size & if sprinklered) (Use extra papers to provide full description)

d.) Average value any one aircraft \$ _____ Average total \$ _____

e.) Maximum value any one aircraft \$ _____ Total all aircraft \$ _____

f.) Maximum value (i) any one hangar \$ _____ (ii) any on tie-down ramp \$ _____

| | LAST YEAR | ESTIMATED THIS YEAR |
|---------------------------------------------|-----------|---------------------|
| g.) Gross sales for (i) Hangar rental/lease | \$ _____ | \$ _____ |
| (ii) Tie down rental/lease | \$ _____ | \$ _____ |

CONSTRUCTION, DEMOLITION & ALTERATIONS

Contract costs this year for:

| | RUNWAYS | OTHER | DESCRIBE WORK |
|--------------------------------|----------|----------|---------------|
| a.) By Applicant | \$ _____ | \$ _____ | _____ |
| b.) By Independent Contractors | \$ _____ | \$ _____ | _____ |

Is there an owners controlled insurance program? Yes No Limit \$ _____

If No, minimum limit required of independent contractors \$ _____

Is applicant included as additional insured? Yes No

CONTRACTUAL LIABILITY - CONTRACTS HELD WITH THE FOLLOWING OPERATIONS:

| Designated Contracts | MINIMUM REQUIRED LIMITS | IS APPLICANT HELD HARMLESS? | IS APPLICANT ADDITIONAL INSURED? |
|----------------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------------------------------------------|
| a.) Commuters & Airlines | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b.) Fixed Base Operators | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c.) Concessionaires | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d.) Contractors | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e.) Control Tower Operator | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f.) Janitors, escalator maintenance, security | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g.) Others _____ | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h.) Any contracts in which you assume the liability of others? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If Yes, attach copies of contracts.

APPLICANTS VEHICLES: Identify the number of vehicles owned by, operated by or leased to applicant.

Snow Removal equipment _____ Fuel trucks _____ Sweepers _____ Tugs _____

Crash-fire-rescue vehicles _____ Hydrant carts _____ Passenger cars _____ Pickup trucks _____

Passenger buses over 30 seats _____ Passenger buses 30 seats and under _____ Other _____

Describe any operation of vehicle off airport premises _____

Does applicant maintain automobile liability coverage Yes No Limit? _____

CLAIMS List all claims for past 5 years - use separate paper to complete

DATE CAUSE SETTLED, INCLUDING ALL COSTS OPEN, INCLUDING RESERVES FOR DEFENSE AND SETTLEMENT

CURRENT INSURANCE

Name of Insurance Company: _____ Expiration Date: _____

Coverages: _____

Limits: _____ Deductible: \$ _____ Premium: \$ _____

COVERAGES & LIMITS REQUESTED

| Coverage | Limits of Insurance |
|-----------------------------------------------------------------------|---------------------|
| Commercial General Liability Coverage | |
| General Aggregate Limit (other than Products/Completed Operations) | \$ _____ |
| Products/Completed Operations Aggregate Limit | \$ _____ |
| Personal and Advertising Injury Aggregate Limit | \$ _____ |
| Each Occurrence Limit | \$ _____ |
| Fire Damage Limit (any one fire) | \$ _____ |
| Medical Expense Limit (any one person) | \$ _____ |
| Hangarkeeper's Liability Coverage | |
| Each Aircraft Limit | \$ _____ |
| Each Loss Limit | \$ _____ |
| Deductible (each aircraft) \$ _____ | |

POLICY DEDUCTIBLE

Each Occurrence \$ _____ Annual Aggregate \$ _____

Other coverages, restrictions, endorsements: _____

NON-OWNED AIRCRAFT: Provide following information with respect to non-owned aircraft operated by or on behalf of the airport: Does airport use non-owned aircraft on airport business? _____ Yes _____ No. If yes, do employees pilot aircraft on airport business? _____ Yes _____ No Describe types of aircraft flown on airport business: _____

| | By Employees | By Others |
|-----------------------------------------------------------------------------------|--------------|-----------|
| Number of hours flown annually in all non-owned aircraft on applicant's business. | _____ | _____ |
| Number of hours flown in chartered aircraft. | _____ | _____ |
| Number of hours flown in rented / leased aircraft. | _____ | _____ |
| Number of hours flown in borrowed aircraft. | _____ | _____ |

Provide current pilot experience forms for each employee pilot.

FRAUD WARNINGS (Last updated 6/21)

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: 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.

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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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.

NOTICE TO FLORIDA 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.

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 THAT 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 APPLICANTS: 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.

NOTICE TO MAINE 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

FRAUD WARNINGS CONTINUED

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 NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: 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.

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO 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.

NOTICE TO 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND *NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE (*NOT APPLICABLE IN MISSOURI). MONTANA RESIDENTS: PURSUANT TO MONTANA STATUTE 33-15-403, ALL STATEMENTS AND DESCRIPTIONS MADE IN THIS APPLICATION SHALL BE CONSIDERED TO BE REPRESENTATIONS AND NOT WARRANTIES. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X _____
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____
Email Address _____