



**1. GENERAL INFORMATION**

**Check all that apply below**

Applicant's Name:			
Address:			
	City:		
	State:	Zip:	
Phone:	Cell:	Work:	
Applicant's Business Is:			
Current Insurance Carrier:			
Current Coverage Expires:			

<input type="checkbox"/> Applicant is Owner	<input type="checkbox"/> No Insurance Ever Cancelled
<input type="checkbox"/> Applicant is Corporation	<input type="checkbox"/> No Insurance Ever Denied
<input type="checkbox"/> Applicant is LLC	<input type="checkbox"/> No Manufacturing Exposures
<input type="checkbox"/> Applicant is Municipality	<input type="checkbox"/> No Airline Fueling/Maintenance
<input type="checkbox"/> No Losses Last 5-Years	<input type="checkbox"/> No Government Contacts
<input type="checkbox"/> No Losses last 10-Years	<input type="checkbox"/> No Piston Aircraft Maintenance
<input type="checkbox"/> No Open Claims/Litigation	<input type="checkbox"/> No Avionics Repair/Sales
<input type="checkbox"/> Carry Worker's Comp.	<input type="checkbox"/> No New Aircraft Dealer/Sales

List Principal Owner(s) / Partner(s): \_\_\_\_\_

**2. LIABILITY COVERAGE OPTIONS AND LIMITS DESIRED (please complete using N/A when not applicable)**

Type Coverage	Desired Limit	Remarks
Premises and Operations Liability.....:	\$	Each Occurrence, WAR <input type="checkbox"/> Yes <input type="checkbox"/> No, TRIA <input type="checkbox"/> Yes <input type="checkbox"/> No
Products and Completed Operations Liability.....:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Hangarkeepers Liability.....:	\$	Each Aircraft (deductibles apply)
Medical Payments.....:	\$	Each Person
Other (specify).....:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify).....:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify).....:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify).....:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify).....:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No

**3. ESTIMATED GROSS ANNUAL RECEIPTS – ALL OPERATIONS: (please complete using N/A when not applicable)**

Repair Type Services	Current Year	Next Year	Sales Related Services	Current Year	Next Year
Fixed Wing Aircraft Repair:	\$	\$	Aircraft Detailing	\$	\$
Rotor Wing Aircraft Repair:	\$	\$	Tie Down & Hangaring:	\$	\$
Engine Overhaul / Repairs:	\$	\$	Auto Pilot Service/Installs:	\$	\$
Propeller Overhaul / Repairs:	\$	\$	Avionics Sales (not Installed):	\$	\$
Aircraft Painting :	\$	\$	Avionics Installs:	\$	\$
Aircraft Interiors:	\$	\$	Avionics Repair Fixed Wing:	\$	\$
Avionics Overhaul / Repairs:	\$	\$	Avionics Services Rotorwing:	\$	\$
Parts Overhaul / Repairs:	\$	\$	New Aircraft Sales:	\$	\$
Landing Gear Overhaul / Repairs	\$	\$	Food Concessions / Restaurant:	\$	\$

**4. FUELING OPERATIONS:**

Fueling is done by applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No Fueling is by: <input type="checkbox"/> Truck <input type="checkbox"/> Hydrant <input type="checkbox"/> Stationary Pumps Type(s) of fuel sold: <input type="checkbox"/> AVGAS <input type="checkbox"/> JET <input type="checkbox"/> AUTO Type of training provided line service employees: _____	Fuel storage: <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground Own or Lease Fuel Trucks: <input type="checkbox"/> Yes <input type="checkbox"/> No Own and/or Manage Fuel Farm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual AVGAS Gallons: _____ Annual JET Gallons: _____ Annual AUTO Gallons: _____
--	---	--

**5. TIE DOWN & HANGARING:**

Applicant moves aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No	Average value of aircraft in your care: \$ _____	Average no. aircraft tied out: _____
Applicant ties or hangars aircraft: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest value of aircraft in your care: \$ _____	Average no. aircraft hangared: _____
Wingwalkers used to move aircraft <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily mobile equip. inspections: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recurrent training: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number and types of mobile equipment used: _____		

**6. VEHICLES (other than mobile equipment) and ELEVATORS:**

Ramp access for customer vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No	Average value vehicle in your care: \$ _____	Control ramp access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Storing of customer vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number vehicles in your care: _____	Number elevators on prem.: _____
Courtesy vehicles provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo ops on ramp (UPS, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No	Number moving sidewalks: _____

**7. ADDITIONAL INFORMATION:**

- a. Years in Business: \_\_\_\_\_, Total no. of employees: \_\_\_\_\_, Total no. of locations: \_\_\_\_\_
- b. Applicant's facilities are located at:  International Airport  Large Regional Airport  Small Muni. Airport  Private Airport
- c. Airport is maintained by: \_\_\_\_\_
- d. Emergency vehicles/personnel located on field:  Fire  Medical  Hazmat  Police/Security
- e. Airport elevation: \_\_\_\_\_ft, Airport's longest paved and lighted runway: \_\_\_\_\_ft, Controlled Field:  Yes  No
- f. Airport Manager is Applicant:  Yes  No – explain: \_\_\_\_\_
- g. Airport Manager is available 24-hours 7-days a week:  Yes  No – explain: \_\_\_\_\_
- h. Applicant is responsible for the maintenance of aids to navigation: ..... Yes  No
- i. Applicant's premises are:  Owned / Leased from: \_\_\_\_\_  Rented from: \_\_\_\_\_
- j. Applicant's premises/facilities are maintained by: \_\_\_\_\_
- k. Does the applicant participate in any fly-in's, airshows, or showcase exhibits?: .....  Yes  No
- l. Applicant's ramp/parking is shared by other FBO/commercial operators: ..... Yes  No
- m. Applicant's ramp/parking is well lighted and has easy and clear access from taxiways and/or runways: ..... Yes  No
- n. Applicant's facilities are routinely patrolled by private or municipality provided security personnel:..... Yes  No
- o. Applicant's facilities have fire suppression equipment (YES-describe below): ..... Yes  No

**8. 5-YEAR LOSS HISTORY** (attach loss runs if available): \_\_\_\_\_

*I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; 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; 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, 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.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_