

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	_____	\$ _____	\$ _____
i.) 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:

	RUNAWAYS	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
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 _____

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
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CURRENT INSURANCE

Name of Insurance Company: _____ Expiration Date: _____

Coverages: _____

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

COVERAGES & LIMITS REQUESTED

<u>Coverage</u>	<u>Limits of Insurance</u>
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

NOTICE TO ALL 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 ARKANSAS, NEW MEXICO 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 IN THE THIRD DEGREE.

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 LOUISIANA 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 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 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 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 OR AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10,36§3613.1)

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.

FRAUD WARNINGS CONTINUED

NOTICE TO VERMONT 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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. 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 _____