

# Airport Insurance Application

Name of Applicant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Corporate Website: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Applicant is: Individual Corporation Partnership (name each partner) \_\_\_\_\_  
 Whose business is: \_\_\_\_\_  
 Quotation for Airport Liability Insurance is requested for an annual period beginning: \_\_\_\_\_  
 Your Present Airport Liability Insurance company: \_\_\_\_\_ Policy Expires: \_\_\_\_\_  
 Name of Airport: \_\_\_\_\_  
 Identifier \_\_\_\_\_ located \_\_\_\_\_ kilometres \_\_\_\_\_ of \_\_\_\_\_  
**APPLICANT IS:** Tenant General Lessee Airport Owner

**OPERATIONS OF APPLICANT**

Indicate all operations and estimated annual gross receipts.

List all other sources and receipts below. Please use separate sheet if necessary.

Fuel & Lubricants	\$ _____	Aircraft Repair	\$ _____	\$ _____
AvGas (Litres)	_____	Aircraft Charter	\$ _____	\$ _____
Jet Fuel (Litres)	_____	Rental & Instruction	\$ _____	\$ _____
Tiedowns & Hangaring	\$ _____	Helicopter Repairs	\$ _____	\$ _____
New Aircraft	\$ _____	Restaurant	\$ _____	\$ _____
Landing Fee	\$ _____	Auto Parking	\$ _____	\$ _____
Used Aircraft	\$ _____			
Aircraft Parts	\$ _____			
		Total Estimated Gross Receipts	\$ _____	\$ _____

**FUELING:** On premises? Yes No Done by applicant: Yes No  
**FUELING** is by: Truck Hydrant Gas Pump Gas Pit Other  
 Please explain if Other: \_\_\_\_\_  
 Annual Litreage: Airline \_\_\_\_\_ litres; General Aviation \_\_\_\_\_ litres; Military \_\_\_\_\_ litres.  
 Type of fuel sold (check all that apply): Avgas Jet Fuel Avgas & Jet Fuel  
 Fuel Storage Facilities: Underground \_\_\_\_\_ litres; Above ground \_\_\_\_\_ litres.  
 Annual Litreage of Turbine Engine Fuel: \_\_\_\_\_ litres.

**TIE DOWN & HANGARING by APPLICANT**

Are aircraft of others taxied, towed or moved by applicant? Yes No  
 Number of: tiedown spaces \_\_\_\_\_ ; T-hangars \_\_\_\_\_ ; Multiple aircraft hangars \_\_\_\_\_  
 Number of aircraft: tied down \_\_\_\_\_ ; In T-hangars \_\_\_\_\_ ; In multiple aircraft hangars \_\_\_\_\_  
 Highest value A/C: tied down \$ \_\_\_\_\_ ; In T-hangars \$ \_\_\_\_\_ ; In multiple aircraft hangars \$ \_\_\_\_\_  
 Total Value all A/C: tied down \$ \_\_\_\_\_ ; In T-hangars \$ \_\_\_\_\_ ; In multiple aircraft hangars \$ \_\_\_\_\_

**APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT**

Indicate the number and type of vehicles maintained for use exclusively on the airport premises.

Fuel Trucks: \_\_\_\_\_ Sweepers: \_\_\_\_\_ Snow Removal: \_\_\_\_\_ Fire Engines: \_\_\_\_\_ Tugs: \_\_\_\_\_  
 Hydrant Carts: \_\_\_\_\_ Pickup Trucks: \_\_\_\_\_ Passenger Cars: \_\_\_\_\_ Other: \_\_\_\_\_  
 State number of Elevators: \_\_\_\_\_ Escalators: \_\_\_\_\_ Moving Sidewalks: \_\_\_\_\_  
 State number of Aircraft owned or operated by applicant: \_\_\_\_\_ Number of Helicopters: \_\_\_\_\_

**CONTRACTS** – Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? Yes No If “Yes,” attach copies.  
 Does applicant use uniform customer contracts for hangaring, service, etc.? Yes No If “Yes,” attach copies.

**CONSTRUCTION by Independent Contractors** – show estimated cost by type of construction.

Runways & taxiways \$ \_\_\_\_\_ next year; \$ \_\_\_\_\_ next three years.  
 All others (describe) \_\_\_\_\_ \$ \_\_\_\_\_ next year;  
 \$ \_\_\_\_\_ next three years.

**AIRPORT DESCRIPTION** - Elevation is \_\_\_\_\_ ft.; Longest runway is \_\_\_\_\_ ft.

Runway Construction: Concrete Turf Gravel Blacktop Other

Please explain if Other: \_\_\_\_\_ Runways lighted? Yes No

Aircraft traffic is controlled -- Yes No - by Tower Unicom - Operated by: \_\_\_\_\_

Is there an airport manager? Yes No Employed by: \_\_\_\_\_

Is manager on premises during hours of operation? Yes No Hours of operation: \_\_\_\_\_ to \_\_\_\_\_

Fire station located at airport? Yes No It is \_\_\_\_\_ Kilometres from airport.

Is airport fenced? Yes No Who maintains the airport? \_\_\_\_\_

Does the insured own, operate or maintain any aids to navigation? Yes No (If “Yes,” describe below.

If applicant is Owner or General Lessee – complete the following and enclose a map or NAV CANADA Airport Chart.

Airport manager is: \_\_\_\_\_ (if Independent Contractor, please furnish copy of contract.)

Any recreational or other non-aviation facilities or use of airport premises? Yes No (If “Yes,” describe below.)

List Airlines and Scheduled Air Taxis that will serve this airport during next three years:

Total Estimated Arrivals & Departures	Present Year	Next Year (Estimated)	Following Year (Estimated)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

**LIABILITY COVERAGE** – state limits of liability desired.

	Each Person	Each Occurrence
Bodily Injury Liability	\$ _____	\$ _____
Property Damage Liability	_____	\$ _____
Single Limit Bodily Injury and Property Damage	_____	\$ _____
	Each Aircraft	
Ground Hangarkeepers Liability	\$ _____	\$ _____

**LOSS HISTORY and PREVIOUS AVIATION INSURANCE** Explain each “Yes” answer in the space below.

Has applicant had any airport/aviation losses/claims during last five years? Yes No  
 Has insurer cancelled, declined or refused to renew any airport/aviation insurance? Yes No  
 Name of last or present airport/aviation insurance company: \_\_\_\_\_

**Use this space for explaining “Yes” answer to previous questions.**

**Use this space for explaining "Yes" answer to previous questions.**

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Individual Producer Name: \_\_\_\_\_

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until Canadian Aviation Insurance Managers, Ltd. (Managers of the CAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by Canadian Aviation Insurance Managers, Ltd., the full amount of premium becomes due and payable immediately. I/We authorize Canadian Aviation Insurance Managers, Ltd. to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

