

Airport Insurance Application

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Corporate Website: _____

Email Address: _____

Applicant is: Individual Partnership Corporation Limited Liability Company Other

Please list all partners or explain if Other: _____

Business of the Applicant: _____

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 _____ miles _____ of _____

APPLICANT IS: Tenant General Lessee Airport Owner

OPERATIONS OF APPLICANT

Indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$ _____	Aircraft Repair	\$ _____	\$ _____
AvGas (Gallons)	_____	Aircraft Charter	\$ _____	\$ _____
Jet Fuel (Gallons)	_____	Rental & Instruction	\$ _____	\$ _____
Tiedowns & Hangaring	\$ _____	Helicopter Repairs	\$ _____	\$ _____
New Aircraft	\$ _____	Restaurant	\$ _____	\$ _____
Used Aircraft	\$ _____	Auto Parking	\$ _____	\$ _____
Aircraft Parts	\$ _____	Total Estimated Annual 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 Gallonage: Airline _____ gallons; General Aviation _____ gallons; Military _____ gallons

Type of fuel sold: Avgas Jet Fuel Avgas & Jet Fuel

Fuel Storage Facilities: Underground _____ gallons; Above Ground _____ gallons

Annual Gallonage of Turbine Engine Fuel: _____ Gallons

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
 Does applicant use uniform customer contracts for hangaring, service, etc? Yes No
 If you answered “Yes” to either of the above questions, please attach copies.

CONSTRUCTION – show estimated cost by type of construction.
 Runway & taxiways \$ _____ next year; \$ _____ next three years.
 All others (describe) _____ \$ _____ next year;
 \$ _____ next three years.

AIRPORT DESCRIPTION – Elevation _____ ft.; Longest runway is _____ ft.
 Number of aircraft based at airport: Airline _____, General Aviation _____, Military _____
 Runway Construction: Concrete Turf Gravel Blacktop Other
 Please explain if Other: _____ Runway 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 _____ miles 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 FAA Form 5010-I.

Airport manager is: Employee of Applicant Independent Contractor
 (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” answers to previous questions.

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 insurance company 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 MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 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 makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation *and* that the information was either material to the risk assumed by the insurer *or* that the misinformation was provided fraudulently.

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 RHODE ISLAND 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 TENNESSEE 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 VIRGINIA 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 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 WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a 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.

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

Name of Broker: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Agency License Number in State of Policyholder's Address: _____

Individual Producer Name: _____

Individual Produce License Number in State of Policyholder's Address: _____

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 United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: _____ Signature of Applicant: _____

