

# 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:**  Tennant  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		\$ _____
Ground Hangarkeepers Liability	Each Aircraft \$ _____	\$ _____

**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: \_\_\_\_\_

