



## AIRPORT LIABILITY INSURANCE APPLICATION

PRODUCER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Check which is desired: ☐ Quotation ☐ Insurance

### I. GENERAL INFORMATION:

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPLICANT IS: ☐ Individual(s) ☐ Corporation ☐ Partnership ☐ Other

Insurance is requested from \_\_\_\_\_, 20 \_\_\_\_\_ To \_\_\_\_\_ 20 \_\_\_\_\_

Name of Airport \_\_\_\_\_ located \_\_\_\_\_ miles of \_\_\_\_\_

Applicant's Interest in Airport: Owner \_\_\_\_\_ Lessor \_\_\_\_\_ Lessee \_\_\_\_\_ Trustee \_\_\_\_\_

Other: Specify \_\_\_\_\_

2. Airport Budget: \$ \_\_\_\_\_ Last 12 Months \$ \_\_\_\_\_ Estimated Next 12 Months

3. FAA Airport Classification: \_\_\_\_\_

4. Airport Altitude: \_\_\_\_\_

5. Airport Manager: \_\_\_\_\_

6. Manager's Length of Experience in Airport Operations: \_\_\_\_\_

7. How long has the Applicant employed Manager? \_\_\_\_\_

8. List Certificate Restrictions & Exemptions: \_\_\_\_\_

### II. PREMISES / OPERATIONS

1. Are there Control Tower Operations? ☐ Yes ☐ No If Yes, name operator: \_\_\_\_\_

Is Control Tower operation ☐ Full Time or ☐ Part Time? If Part Time, specify operating hours: \_\_\_\_\_

2. Does Airport operate Unicom Service? ☐ Yes ☐ No

3. Does the Airport own, lease or maintain any Nav aids, Radars, Windshear Detectors or Aircraft Communications Systems?

☐ Yes ☐ No If Yes, describe: \_\_\_\_\_

4. Does the Airport inspect or maintain runways, taxiways or ramps? ☐ Yes ☐ No If No, identify the inspection firm: \_\_\_\_\_

Frequency of Inspections: \_\_\_\_\_

5. Describe All Runways, Taxiways, Ramps:

|    | Heading | Length | Width | Surface | Describe All Obstructions |
|----|---------|--------|-------|---------|---------------------------|
| a. | _____   | _____  | _____ | _____   | _____                     |
| b. | _____   | _____  | _____ | _____   | _____                     |
| c. | _____   | _____  | _____ | _____   | _____                     |
| d. | _____   | _____  | _____ | _____   | _____                     |

6. Does the Airport Maintain or Operate Fuel Storage Facilities? ☐ Yes ☐ No If Yes, are tanks above ground? ☐ Yes ☐ No

How often are tanks inspected? \_\_\_\_\_ By Whom: \_\_\_\_\_

7. Describe all non-aviation activities conducted on the Airport (include storage, lodging, industrial, etc.): \_\_\_\_\_

8. Does the Airport:

a) Maintain Air Crash Emergency Plan? ☐ Yes ☐ No

b) Maintain Anti Terrorist Plan? ☐ Yes ☐ No

c) Employ Medical Personnel? ☐ Yes ☐ No

If Yes, please describe: \_\_\_\_\_

d) Base firefighting vehicles on the airport at all times? ☐ Yes ☐ No

If No, what is distance to closest fire department station? \_\_\_\_\_ Miles

e) Maintain Bird Strike Prevention Program? ☐ Yes ☐ No

f) Operate Airport vehicles ON the Airport? ☐ Yes ☐ No

If Yes, please describe \_\_\_\_\_

g) Operate Airport vehicles OFF the Airport? ☐ Yes ☐ No

If Yes, please describe \_\_\_\_\_

h) Own, operate, use or maintain any off-premises locations for which coverage is requested? ☐ Yes ☐ No

If Yes, please describe all locations and uses: \_\_\_\_\_

i) Charge parking fees? ☐ Yes ☐ No No. of Spaces \_\_\_\_\_ Area of Parking Lot \_\_\_\_\_

j) Host or sponsor Air Shows, Contests or Exhibitions? ☐ Yes ☐ No If Yes, describe: \_\_\_\_\_

k) Operate any of the following:

Elevators ☐ Yes ☐ No How Many? \_\_\_\_\_ Who Maintains? \_\_\_\_\_

Escalators ☐ Yes ☐ No How Many? \_\_\_\_\_ Who Maintains? \_\_\_\_\_

Moving Sidewalks ☐ Yes ☐ No How Many? \_\_\_\_\_ Who Maintains? \_\_\_\_\_

Automated Passenger Trains ☐ Yes ☐ No How Many? \_\_\_\_\_ Who Maintains? \_\_\_\_\_

l) Employ janitorial service? ☐ Yes ☐ No

9. Is the Airport completely fenced? ☐ Yes ☐ No

Does the Airport maintain an Airport Security Patrol? ☐ Yes ☐ No If Yes, describe: \_\_\_\_\_

Is the Airport patrolled by local police? ☐ Yes ☐ No If Yes, how often? \_\_\_\_\_

10. Are there any active, inactive or abandoned dumps, landfills or aircraft salvage yards located on, adjacent to or nearby the Airport?

☐ Yes ☐ No If Yes, Please provide details: \_\_\_\_\_

11. Estimated Number of Aircraft Landings:

|                   | Last Year | This Year | Next Year (Est.) |
|-------------------|-----------|-----------|------------------|
| General Aviation  |           |           |                  |
| Commuter Airlines |           |           |                  |
| Other Airlines    |           |           |                  |
| Military          |           |           |                  |
| Total Landings    |           |           |                  |

12. Estimated Number of Enplaned Passengers: This Year \_\_\_\_\_ Next Year \_\_\_\_\_ (Estimated)

13. Largest Aircraft Using Airport: \_\_\_\_\_

*Make & Model*

Operated by: \_\_\_\_\_

14. List all scheduled carriers using the Airport: \_\_\_\_\_

### III. PRODUCTS / COMPLETED OPERATIONS OF APPLICANT: (Indicate all operations and estimated gross receipts)

Does the Airport provide Any of the following?

|    |  | <u>Yes / No</u>  | <u>Previous Year's</u><br><u>Gross Sales</u> | <u>Current Year's</u><br><u>Gross Sales</u> | <u>Next Year's Estimated</u><br><u>Gross Sales</u> |
|----|--|--|--|---|--|
| A. | Aircraft Fueling                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
|    | 1) Airlines Including Commuters                | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
|    | 2) Other Aircraft                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
|    | If Yes, frequency of fuel testing:             | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| B. | Aircraft Maintenance & Repairs                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| C. | Aircraft Parts or Accessory Sales              | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| D. | Cargo / Baggage Handling or Storage            | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| E. | Passenger Baggage or Security Operations       | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| F. | Aircraft Towing (In or out of Hangars)         | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| G. | Aircraft De-icing                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| H. | Restaurant or Vending Machines                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| I. | Renting space for Retail or Service Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| J. | Renting or Leasing Land or Buildings           | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |
| K. | Other Operations                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$   | \$  | \$   |

### IV. CONSTRUCTION BY INDEPENDENT CONTRACTORS

Show Estimated Cost by type of construction expected during the next 12 months:

Runways & Taxiways \$ \_\_\_\_\_

All Others \$ \_\_\_\_\_

## V. CONTRACTUAL LIABILITY

All written contracts and agreements must be submitted to the insurance company within 30 days of the date on which the Airport receives the document. Additional premium may be charged for the inclusion of such contract or agreement.

## VI. HANGARKEEPERS LIABILITY

- 1) Does the Airport have any non-owned aircraft in its custody for storage, safekeeping, repair and / or servicing? ☐ Yes ☐ No

If Yes, then complete the following questions:

- 2) Number of hangars: \_\_\_\_\_ Number of tie-down / parking spaces: \_\_\_\_\_

- 3) Describe each hangar providing age, construction material, size and fire sprinkler details: \_\_\_\_\_

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- 4) Average value of ANY one Aircraft \$ \_\_\_\_\_

- 5) Average value of ALL Aircraft: \$ \_\_\_\_\_

- 6) Maximum value of ANY one Aircraft \$ \_\_\_\_\_

- 7) Maximum value of ALL Aircraft \$ \_\_\_\_\_

- 8) Maximum value in ANY one hangar \$ \_\_\_\_\_

Maximum value on ANY one tie-down ramp \$ \_\_\_\_\_

- 9) Rental / Leasing Operations

Current Year

Last Year

- a) Gross revenues for hangar rental or lease \$ \_\_\_\_\_ \$ \_\_\_\_\_

- b) Gross revenues for tie-down rental or lease \$ \_\_\_\_\_ \$ \_\_\_\_\_

## VIII. LOSS HISTORY

List ALL claims occurring during the past 5 years other than those associated with Workers Compensation. Attach separate sheet(s) if necessary. Attach loss runs provided by your insurance company if available.

| DATE OF LOSS | DESCRIPTION OF LOSS | PAID | CLAIMS DATA          | EXPENSES |
|--------------|---------------------|------|----------------------|----------|
|              |                     |      | OUTSTANDING RESERVES |          |
|              |                     | \$   | \$                   | \$       |
|              |                     | \$   | \$                   | \$       |
|              |                     | \$   | \$                   | \$       |
|              |                     | \$   | \$                   | \$       |
|              |                     | \$   | \$                   | \$       |

Are loss amounts shown above reduced by a deductible? ☐ Yes ☐ No If Yes, specify amount \$ \_\_\_\_\_

Are loss amounts shown above reduced by a self-insured retention? ☐ Yes ☐ No If Yes, specify amount \$ \_\_\_\_\_

Has any Insurer cancelled, declined or refused to renew the Applicant's Insurance? ☐ Yes ☐ No If Yes, explain: \_\_\_\_\_

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**IX. CURRENT INSURANCE**

Name of current Insurer: \_\_\_\_\_

Expiration Date of current coverage: \_\_\_\_\_

Current Policy Limits: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

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**X. REQUESTED COVERAGE AND LIMITS**

1. Limit A. Combined Single Limit \$ \_\_\_\_\_

B. Bodily Injury \$ \_\_\_\_\_ Each Person \$ \_\_\_\_\_ Each Occurrence

Property Damage \$ \_\_\_\_\_

2. Requested Coverage(s):

☐ Premises & Operations

☐ Products & Completed Operations

☐ Contractual Liability

☐ Owners & Contractors Protective

☐ Premises Medical Payments \$ \_\_\_\_\_ Per Person

\$ \_\_\_\_\_ Per Occurrence

☐ Personal Injury ☐ Including OR ☐ Excluding Advertising Liability

☐ Hangarkeepers Liability \$ \_\_\_\_\_ Per Person

\$ \_\_\_\_\_ Per Occurrence

Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed

**FRAUD WARNING:** 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 and subjects such person to criminal and civil penalties.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

*This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance.*

**STATE FRAUD WARNINGS  
PLEASE READ CAREFULLY**

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.

**STATE SPECIFIC PROVISIONS**

|                      |   |
|----------------------|---|
| Arkansas             | 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.  |
| Colorado             | 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| District of Columbia | <b>WARNING:</b> 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.  |
| Florida              | Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.   |
| Hawaii               | For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.  |
| Kentucky             | 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.   |
| Louisiana            | 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.  |
| Maine                | 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 denial of insurance benefits.   |
| Maryland             | 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.  |
| New Jersey           | Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.   |
| New Mexico           | 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.   |

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|---------------|---|
| New York      | <p><b>All commercial insurance forms, except as provided for automobile insurance:</b> 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.</p> <p><b>Automobile insurance forms:</b> Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.</p> <p><b>Fire Insurance:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p> |
| Ohio          | 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.   |
| Oklahoma      | <b>WARNING:</b> 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.  |
| Oregon        | 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 MAY BE guilty of insurance fraud."  |
| Pennsylvania  | <p>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.</p> <p>Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.</p>  |
| Puerto Rico   | Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.   |
| Rhode Island  | <b>Property Insurance, Real Or Personal:</b> The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.   |
| Tennessee     | 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.   |
| Virginia      | 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.   |
| West Virginia | 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.  |

# Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

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Signature

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National Producer Number (Required in Florida)

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Producer's Signature

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Applicant's Signature

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Producer's Name (*please print*)

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Date

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State Producer License Number