



# Aviation General Liability and Airport Application

## Applicant's Information

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Effective From \_\_\_\_\_ To \_\_\_\_\_ **BOTH AT 12:01 am standard time at the address stated above.**

**Applicant is:**  Government  Corporation  Individual  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)*

Web Address if applicable \_\_\_\_\_

### If Applicant is Government:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Does airport board/authority/commission or transportation authority operate airport?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does applicant submit airport insurance for public bid annually?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers? | <input type="checkbox"/> | <input type="checkbox"/> |

**If yes for item c. is selected:** Limits \$ \_\_\_\_\_ Expiration \_\_\_\_\_

Deductible/S.I.R.: \$ \_\_\_\_\_

**If no for item c.,** description of program required *(Please use additional paper if space is insufficient)*

d. Airport Budget Last Year \$ \_\_\_\_\_ This Year \$ \_\_\_\_\_

FAA Airport Identifier \_\_\_\_\_

FAA Airport Classification \_\_\_\_\_

Airport altitude \_\_\_\_\_

List certificate restrictions and exemptions \_\_\_\_\_

**Premises – Operations**

Yes

No

**Control Tower Operation:**  No Control Tower  C1FAA Tower  Other - Operated by \_\_\_\_\_

**Operating Days/Hours are** \_\_\_\_\_ Applicant operates Unicom Service

Are any nav aids, radars, windshear detectors or aircraft communications equipment owned, leased or maintained by applicant?

Describe \_\_\_\_\_

Runways, taxiways, ramps inspected/maintained by  Applicant  Other \_\_\_\_\_

(Name of Firm(s)) \_\_\_\_\_

Does applicant maintain/operate fuel storage facilities?

a. **If yes to above**, tanks are  above ground  below ground

b. Frequency of inspections \_\_\_\_\_

Non-Aviation activities on Airport  Lodging  Industrial Park  Storage  Farming

Other \_\_\_\_\_

**Does Applicant:**

a. Maintain air crash emergency plan?

b. Maintain anti-terrorist plan?

c. Employ medical personnel?

Describe \_\_\_\_\_

Do they have separate insurance coverage?

d. Base firefighting vehicles on the Airport full time?

**If no**, distance in miles to nearest fire department \_\_\_\_\_

e. Maintain wildlife and bird strike prevention program?

f. Own, operate, use or maintain any off-Airport premises to be covered?

Describe all locations and uses \_\_\_\_\_

\_\_\_\_\_

g. Charge for auto parking?

Number of parking spaces \_\_\_\_\_

h. Host/sponsor or operate airshows?

Describe \_\_\_\_\_

i. **Number of:** Elevators \_\_\_\_\_ Escalators \_\_\_\_\_ Moving sidewalks \_\_\_\_\_

Automated passenger trains \_\_\_\_\_ Automatic doors \_\_\_\_\_

Who maintains? \_\_\_\_\_

Is Airport completely fenced in?

a. Airport security is provided by \_\_\_\_\_

b. Frequency of patrols \_\_\_\_\_ Do they have separate insurance coverage?

**Premises – Operations Continued**

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**

	Yes	No	Gross Sales Last Year	Estimated This Year
a. Aircraft fueling Gallons (Jet/I OOLL) _____ gal / _____ gal	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
b. Aircraft maintenance/repairs	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
c. Aircraft parts/accessories sales	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
d. Cargo/baggage handling or storage	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
e. Jetway or Planemate Operation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
f. Passenger or baggage security operations	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
g. Aircraft towing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
h. Aircraft de-icing	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
i. Restaurant/vending machine operations	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
j. Airline ground support services	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
k. Control tower	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
l. Other _____ <small>(List All Other Operations)</small>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

**Hangarkeepers Liability** *(Aircraft In Your Custody For Storage/Safekeeping/Repair/Service)*

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:	Runways	Other	Describe Work	
<input type="checkbox"/> a. By Applicant	_____	_____	_____	
<input type="checkbox"/> 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	Held Harmless		Additional Insured	
		Yes	No	Yes	No
a. Commuters & airlines	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fixed base operators	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concessionaires	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contractors	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Control tower operator	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Janitors, escalator maintenance, security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Others	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any contacts in which you assume the liability of others? <b>If yes</b> , attach copies of contracts.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant Vehicles**

*Identify the number of vehicles owned by, operated by or leased to applicant.*

<b>Snow removal equipment</b>	Fuel trucks _____	Sweepers _____	Tugs _____
<b>Crash-fire-rescue vehicles</b>	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 – if necessary attach additional sheets

Date	Cause	Settled, Including AL Costs	Open, Including Reserves For Defense and Settlement

**Current Insurance**

Name of Insurance Company \_\_\_\_\_

Expiration Date \_\_\_\_\_

Coverages \_\_\_\_\_

Limits \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

**Coverages & Limits Requested**

Commercial General Liability Coverage	Limits of Insurance
General Aggregate Limit <i>(other than Products/Completed Operations)</i>	\$ _____
Products/Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Aggregate Limit Each	\$ _____
Occurrence Limit	\$ _____
Fire Damage Limit <i>(any one fire)</i>	\$ _____
Medical Expense Limit <i>(any one person)</i>	\$ _____
Hangarkeeper's Liability Coverage	
Each Aircraft	\$ _____
Each Occurrence	\$ _____
Deductible <i>(each aircraft)</i> \$ _____	

**Policy Deductible**

Each Occurrence \$ \_\_\_\_\_ Annual Aggregate \$ \_\_\_\_\_

Other coverages, restrictions, endorsements

**Non-Owned Aircraft**

Yes                      No

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?                                           

If **yes**, do employees pilot aircraft on airport business?                                           

Describe types of aircraft flown on airport business

**Non-Owned Aircraft *Continued***

	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.		

**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.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Information**

Producer _____		
Address _____		
City _____	State _____	Zip _____
Telephone No. _____	Fax No. _____	
Email Address _____		