



Administrative Offices  
301 E 4th Street  
Cincinnati OH 45202-4201  
513 369 5000 ph

## AVIATION GENERAL LIABILITY AND AIRPORT APPLICATION

Applicants Name: \_\_\_\_\_

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

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:

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

#### 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 Classification \_\_\_\_\_ FAA Airport Identifier \_\_\_\_\_

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

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

### PREMISES - OPERATIONS

Control Tower Operation:  No Control Tower  FAA Tower  Other - Operated by: \_\_\_\_\_

Operating Days/Hours are: \_\_\_\_\_ Applicant  Does  Does Not Operate 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))

\_\_\_\_\_



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Does applicant maintain/operate fuel storage facilities?  Yes  No

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?  Yes  No

b. Maintain Anti-Terrorist Plan?  Yes  No

c. Employ Medical Personnel?  Yes  No Do they have separate insurance coverage?  Yes  No

Describe:

d. Base Fire Fighting vehicles on the Airport full time?  Yes  No

If No, distance to nearest Fire Department \_\_\_\_\_ Miles

e. Maintain Wildlife and Bird Strike prevention program?  Yes  No

f. Own, operate, use or maintain any off-Airport premises to be covered?  Yes  No

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

g. Charge for auto parking?  Yes  No

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

h. Host/sponsor or operate Airshows?  Yes  No

Describe:

i. (i) Number of: Elevators? \_\_\_\_\_ Escalators? \_\_\_\_\_  
 Moving Sidewalks? \_\_\_\_\_ Automated Passenger Trains? \_\_\_\_\_ Automatic Doors? \_\_\_\_\_

(ii) Who maintains? \_\_\_\_\_

Is Airport completely fenced in?  Yes  No

a. Airport security is provided by:

b. Frequency of patrols: \_\_\_\_\_ Do they have separate insurance coverage?  Yes  No

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 .	_____	_____	_____	_____	_____



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List all Air Carriers using the Airport

**PRODUCTS/COMPLETED OPERATIONS**

Does Applicant engage in:	YES/NO	GROSS SALES LAST YEAR	ESTIMATED THIS YEAR
a. Aircraft Fueling \$ _____			\$ _____
Gallons (Jet / '1 OOLL)		/ gal	/ gal
b. Aircraft Maintenance/Repairs \$ _____			\$ _____
c. Aircraft Parts/Accessories Sales \$ _____			\$ _____
d. Cargo/Baggage Handling or Storage \$ _____			\$ _____
e. Jetway or Planemate Operation \$ _____			\$ _____
f. Passenger or Baggage Security Operations \$ _____			\$ _____
g. Aircraft Towing \$ _____			\$ _____
h. Aircraft De-icing \$ _____			\$ _____
i. Restaurant/Vending Machine Operations \$ _____			\$ _____
j. Airline ground support services \$ _____			\$ _____
k. Control Tower \$ _____			\$ _____
l.) Other _____			\$ _____
(List All Other Operations)			

**HANGARKEEPERS LIABILITY (AIRCRAFT IN YOUR CUSTODY FOR STORAGE/SAFEKEEPING/REPAIR/SERVICING)**

- 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 \$ \_\_\_\_\_
- 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
a. By Applicant			
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
a ) Commuters & Airlines	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b ) Fixed Base Operators	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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- c ) Concessionaires \$ \_\_\_\_\_  Yes  No  Yes  No
- d ) Contractors \$ \_\_\_\_\_  Yes  No  Yes  No
- e ) Control Tower Operator \$ \_\_\_\_\_  Yes  No  Yes  No
- f ) Janitors, escalator maintenance, security \$ \_\_\_\_\_  Yes  No  Yes  No
- g ) Others \$ \_\_\_\_\_  Yes  No  Yes  No
- h ) Any contacts in which you assume the liability of others?  Yes  No  Yes  No

If "Yes", attach copies of contracts.

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

Snow Removal equipment Fuel trucks Sweepers \_\_\_\_\_ Tugs \_\_\_\_\_  
 Crash-fire-rescue vehicles 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
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**CURRENT INSURANCE**

Name of Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverages: \_\_\_\_\_

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

**COVERAGES & LIMITS REQUESTED**

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

**POLICY DEDUCTIBLE**

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



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Other coverages, restrictions, endorsements: \_\_\_\_\_

**NON-OWNED AIRCRAFT:** 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?  Yes  No. If yes, do employees pilot aircraft on airport business?  Yes  No Describe types of aircraft flown on airport business:

	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)

\_\_\_\_\_  
 (Today's Date)

(For the Producer to Complete)

Producer

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

Telephone No. ( \_\_\_ ) \_\_\_\_\_ Fax No. ( \_\_\_ ) \_\_\_\_\_

Email Address: