

Aero Alliance Insurance Services

AIRPORT INSURANCE APPLICATION

Name of Applicant _____

Address _____

Individual Corporation Partnership (name each partner)

Business is: _____

Quotation for Airport Liability insurance is requested for an annual period beginning: _____

Name of Airport _____ Located _____ Miles _____ Of _____

APPLICANT IS Tenant General Lessee Airport Owner *Present Insurance Expires* _____

OPERATIONS OF APPLICANT

Indicate all operations and estimated annual gross receipts. List all other sources and receipts below. Use separate sheet if necessary.

Fuel & Lubricants _____	Aircraft Repair _____	_____	_____
Tiedown/Hangaring _____	Aircraft Charter _____	_____	_____
Landing Fees _____	Rental/Instruction _____	_____	_____
New Aircraft _____	Helicopter Repairs _____	_____	_____
Used Aircraft _____	Restaurant _____	_____	_____
Aircraft Parts _____	Auto Parking _____	_____	TOTAL _____

FUELING Type: AVGAS Jet Fuel On Premises? Yes No Done by applicant? Yes No

Method: Truck Hydrant Gas Pump Gas Pit Other (Specify) _____

Annual Gallonage: Airline _____ Military _____

General Aviation _____ Turbine Engine _____

Fuel Storage: Underground _____ Above Ground _____

TIE DOWN & HANGARING BY APPLICANT

Are other's aircraft taxied 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 of a/c tied down _____	In T-hangars _____	In Multiple Aircraft Hangars _____
Total value of a/c tied down _____	In T-hangars _____	In Multiple Aircraft Hangars _____

APPLICANTS VEHICLES - ELEVATORS & AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on airport premises

Fuel Trucks _____	Snow Removal _____	Other _____
Hydrant Cars _____	Passenger Cars _____	Number of Elevators _____
Sweepers _____	Fire Engines _____	Number of Escalators _____
Pickup Trucks _____	Tugs _____	Number of Moving Sidewalks _____

Aircraft owned by applicant _____ Helicopters owned by applicant _____

CONTRACTS

Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supply, equipment lease, etc? No Yes (Attach Copies)

Does applicant use uniform customer contracts for hangaring, service, etc? No Yes (Attach Copies)

CONSTRUCTION BY INDEPENDENT CONTRACTORS

Show estimated cost by type of construction

Runways & Taxiways Next Year _____ Next Three Years _____

All Others Next Year (Describe) _____ Next Three Years _____

AIRPORT DESCRIPTION

Elevation (ft) _____ Longest Runway (ft) _____

Number of aircraft based at airport: Airline _____ General aviation _____ Military _____

Runway construction: Concrete Turf Gravel Blacktop Other (Specify) _____Runways lighted? Yes No Air traffic controlled? No Yes - By Tower Unicom (Specify) _____Is there an Airport Manager? No Yes -- Employed By _____Is the Manager on premises during hours of operation? Yes No Hours: From _____ To _____Fire Station located on airport? Yes No -- It is _____ miles from the airport.Is the airport fenced? Yes No Who maintains the airport? _____Does the insured own, operate, or maintain any aids to navigation? No Yes -- Describe _____*If applicant is Owner or General Lessee -- complete the following and enclose a map or FAA Form 5010-1*Airport Manager is: Employee of applicant Independent contractor (furnish copy of contract)Any recreational of other Non-Aviation facilities or use of Airport Premises? No Yes -- Describe _____

List Airlines and Scheduled Air Taxicabs that will serve this airport during the next three years:

	PRESENT YEAR	NEXT YEAR (EST.)	FOLLOWING YEAR (EST.)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

LIABILITY COVERAGE*State limits of liability desired*

	EACH PERSON		EACH OCCURRENCE
Bodily Injury Liability	\$ _____	X _____ X _____	\$ _____
Property Damage Liability	\$ _____	X _____ X _____	\$ _____
Single Limit Bodily Injury & Property Damage	\$ _____	X _____ X _____	\$ _____
Ground Hangarkeepers Liability	\$ _____		\$ _____

LOSS HISTORY & PREVIOUS AVIATION INSURANCE*Explain each "YES" answer*Has applicant had any airport/aviation losses/claims during the last five years? No YesHas insurer canceled, declined, or refused to renew any airport/aviation insurance? No Yes

Name of last or present airport/aviation insurance company _____

I/We authorize Aero Alliance Insurance Services to represent me/us in the placing of this insurance. I/We warrant 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 a binder is in effect or a policy has been issued. It is understood, however, that if insurance is ordered from and accepted, the full amount of premium becomes immediately due and payable. I/We authorize agent to investigate all or any qualifications or statements contained herein.

Date _____

X _____
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE IS REQUIRED