

Aero Alliance Insurance Services
HANGAR INSURANCE APPLICATION

Name of Applicant _____
 Address _____
 Applicant Is Individual Corporation Partnership _____
 Type of Business _____
 Producer Aero Alliance Insurance Services, 2000 Airport Road, Suite 101A, Atlanta, GA 30341 - PHONE 770-262-7042 FAX 770-234-6874

PROPERTY DESCRIPTION & COVERAGE SCHEDULE

	Location/Building 1	Location/Building 2	Location/Building 3
Building			
Contents			
Tools			
Mobile Equipment			
Area in Square Feet			
Type Construction - Building			
Type Construction - Roof			
Year Construction - Building			

Name of Airport _____ Airport Identifier _____
 Address of Building _____
 Protection Class _____ Airport Fenced? YES NO Alarm System? YES NO Type _____
 Fire Dept. on Airport? YES NO Distance to Fire Dept. _____ Tower? YES NO
 Repair & service work in hangar? YES NO Describe _____
 Painting in hangar? YES NO Describe _____

Occupancy (type of contents kept in building) _____
 Name & address of mortgagee _____

Policy Term	Name of Company	Policy Number	Premium

Loss detail (last 3 years) _____

Signature of Applicant & Date _____

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.