

AIRPORT LIABILITY INSURANCE APPLICATION

INSURANCE TECHNOLOGIES & PROGRAMS

A Division of Air Capital Insurance, LLC

P.O. Box 148, Wichita, KS 67201

APPLICANT AND AIRPORT INFORMATION

Name of applicant: _____
 Address: _____
 Applicant is: Individual, Partnership or Joint Venture, Corporation, Other-Specify _____
 Whose business is _____
 Quotation of Airport Insurance is requested for an annual period beginning _____, 20____
 Name of Airport _____ located _____ miles _____ of _____
 Airport identification code _____ N, E, S, W City _____ State _____
 Airport is located in: City or County of _____ State _____
 Applicant occupies: Portion Entire Airport. Applicant is: Lessee Owner

STATE LIMITS OF LIABILITY DESIRED

LIMITS OF INSURANCE		COVERAGES	
\$	Each Occurrence	A	AIRPORT
\$	Aggregate		BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$	Each Person	B	PRODUCTS COMPLETED OPERATIONS HAZARD
\$	Each Occurrence		BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$	Aggregate		
\$	Any One Aircraft	C	HANGARKEEPER'S LIABILITY
\$	Each Occurrence		
\$	Deductible		
\$	Each Person	D	MEDICAL PAYMENTS
\$	Each Occurrence		

AIRPORT DESCRIPTION ELEVATION IS _____ FT.; LONGEST RUNWAY IS _____ FT.

Number of aircraft based at airport: Airline _____, General Aviation _____, Military _____

Runway construction: Concrete Turf Gravel Blacktop Other _____; Are runways lighted? No Yes

Is aircraft traffic controlled? By Tower Unicom Operated by _____ No Yes

Is there an airport manager? Employed by: _____ No Yes

Is manager on premises during hours of operation? Hours of operation _____ to _____ No Yes

Fire station located at airport? It is _____ miles from the airport. No Yes

Is airport fenced? Who maintains the airport? _____ No Yes

Does the insured own, operate or maintain any aids to navigation? No Yes

Are there any contests, airshows, exhibitions, racing, speed contests, parachuting, or aerobatic activities conducted or participated in? No Yes

If applicant is owner or General Lessee, complete the following and enclose a map of the airport.
 Airport manager is: Employee of applicant, Independent Contractor (furnish copy of contract)

OPERATIONS OF APPLICANT: Indicate all operations and estimated annual gross receipts.

Does the applicant do any work on airline-type aircraft? No Yes

Fuel and Lubricants	\$ _____	Aircraft Repair	\$ _____	List all other sources and receipts
Tiedowns and Hanging	\$ _____	(including parts installed)	\$ _____	_____ \$ _____
Landing Fees	\$ _____	Aircraft parts overhauled	\$ _____	_____ \$ _____
New Aircraft Sales	\$ _____	by the applicant	\$ _____	_____ \$ _____
Used Aircraft Sales	\$ _____	Aircraft Charter	\$ _____	_____ \$ _____
Aircraft Parts (not installed	\$ _____	Rental & Instruction	\$ _____	_____ \$ _____
or overhauled by the	\$ _____	Helicopter Repairs	\$ _____	_____ \$ _____
applicant)	\$ _____	Restaurants	\$ _____	_____ \$ _____
		Auto Parking	\$ _____	_____ \$ _____

FUELING

Are any fueling operations done on the premises? No__ Yes__
 Are any fueling operations done by the applicant? No__ Yes__
 Are any airline-type aircraft fueled by the applicant? No__ Yes__
 Fueling is done by: __Truck, __Hydrant, __Gas Pump, __Gas Pit, __ Other-specify _____
 Annual Gallonage: Airline _____gallons, General Aviation _____gallons, Military _____gallons.
 Type of fuel sold: _____AVGAS, _____JET FUEL, _____AUTOMOTIVE FUEL FOR AIRCRAFT
 Fuel Storage Facilities: Underground _____gallons, Above Ground _____gallons
 Have fuel storage facilities been: E.P.A. Approved? No__ Yes__
 Have fuel storage facilities been State Approved? No__ Yes__

TIE DOWN AND HANGARING BY APPLICANT

Are aircraft of others taxied, towed or moved by applicant? No__ Yes__
 Are any airline type aircraft stored on the premises? No__ Yes__
 Number of: Tiedown spaces _____; T-Hangars _____; Multiple aircraft hangars _____
 Type of tiedowns: _____
 Number of aircraft: tied down _____; in T-hangars _____; in multiple hangars _____
 Highest value a/c: tied down _____; in T-hangars _____; in multiple hangars _____
 Total value all a/c: tied down _____; in T-hangars _____; in multiple hangars _____

APPLICANT'S VEHICLES AND AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:
 Fuel Trucks _____, Sweepers _____, Snow Removal _____, Fire Engines _____, Tugs _____
 Hydrant Carts _____, Pickup Trucks _____, Passenger Cars _____, Other _____
 Number of Aircraft owned or operated by applicant _____, Number of Helicopters _____

CONTRACTS

Has applicant entered into any written agreements assuming the liability of others,
 such as lease of premises, fuel supplier, equipment lease, etc.? (attach copies) No__ Yes__
 Does applicant use uniform customer contracts for hangaring, servicing, etc.? (attach copies) No__ Yes__

LOSS HISTORY and PREVIOUS AIRPORT LIABILITY INSURANCE

Explain each "YES" answer

Has applicant had any airport liability, products liability, hangarkeeper's liability or
 medical payments losses/claims during the last five years? No__ Yes__
 Name of last or present airport liability insurance company _____

I/We certify all statements or representations contained on both sides of this application and any attachments are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/we agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representatives, at their option but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

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.

I/We authorize _____ to represent me/us in placing this insurance.

Date: _____ Applicant's Signature _____

(This application MUST BE SIGNED by the applicant(or an Officer if a Corporation))