

**Airport General Liability Insurance Application**

Please complete all information and sign and date at bottom for each location.  
This document does not provide any coverage or amend any existing coverage.

**1. GENERAL INFORMATION**

Applicant's Name:	_____
Address:	_____
City, State, Zip:	_____
Telephone:	Work: _____
Web Address:	_____
Applicant's Business Is:	_____
Current Insurance Carrier:	_____
Current Coverage Expires:	_____

**Check all that apply below:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Applicant is Owner       | <input type="checkbox"/> Applicant is Municipality   | <input type="checkbox"/> No Insurance Ever Denied  |
| <input type="checkbox"/> Applicant is Corporation | <input type="checkbox"/> No Insurance Ever Cancelled | <input type="checkbox"/> No Open Claims/Litigation |
| <input type="checkbox"/> Applicant is Partnership |  |  |

List Principal Owner(s) / Partner(s): \_\_\_\_\_

**2. LIABILITY COVERAGE OPTIONS AND LIMITS DESIRED (please complete using N/A when not applicable)**

Type Coverage	Desired Limit	Remarks
Premises and Operations Liability:	\$ _____ Each Occurrence:	
Products and Completed Operations Liability:	\$ _____ Each Occurrence:	Aggregate:
Ground Hangarkeepers Liability:	\$ _____ Each Aircraft (deductibles apply)	\$ _____ Each Occurrence
Premises Medical Payments:	\$ _____ Each Person	

**3. OPERATIONS: (please complete using N/A when not applicable)**

GROSS RECEIPTS			GROSS RECEIPTS		
Repair Type Services	Current Year	Next Year	Sales Related Services	Current Year	Next Year
Aircraft Interiors:	\$ _____	\$ _____	Fuel & Lubricants:	\$ _____	\$ _____
Aircraft Painting:	\$ _____	\$ _____	New Aircraft Sales:	\$ _____	\$ _____
Aircraft Parts (not installed):	\$ _____	\$ _____	Other (specify)_____:	\$ _____	\$ _____
Aircraft Rental / Instruction:	\$ _____	\$ _____	Parts Overhaul / Repairs:	\$ _____	\$ _____
Avionics Overhaul / Repairs:	\$ _____	\$ _____	Propeller Overhaul / Repairs:	\$ _____	\$ _____
Avionics Sales (not Installed):	\$ _____	\$ _____	Rotor Wing Aircraft Repair:	\$ _____	\$ _____

**OPERATIONS** *Continued* : (please complete using N/A when not applicable)

GROSS RECEIPTS				GROSS RECEIPTS			
Engine Overhaul / Repairs:	\$	\$		Tie Down & Hangaring:	\$	\$	
Fixed Wing Aircraft Repair:	\$	\$		Used Aircraft Sales:	\$	\$	
Food Concessions / Restaurant:	\$	\$					

**Other information:**

Any Airline Fueling or Maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any New Aircraft Sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Piston Aircraft/Engine Maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Claims within past 5 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Avionics Repair/Sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Claims within past 10 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Manufacturing Exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**4. FUELING OPERATIONS**

Fueling performed by applicant: ☐ Yes ☐ No      Fuel storage: ☐ Above Ground ☐ Underground      Annual AVGAS Gallons:  
Fueling facility: ☐ Truck ☐ Hydrant ☐ Stationary Pumps      Own or Lease Fuel Trucks: ☐ Yes ☐ No      Annual JET Gallons:  
Type(s) of fuel sold: ☐ AVGAS ☐ JET ☐ AUTO      Own and/or Manage Fuel Farm: ☐ Yes ☐ No      Annual AUTO Gallons:  
Type of training provided line service employees: \_\_\_\_\_

**5. TIE DOWN & HANGARING**

Applicant moves aircraft: ☐ Yes ☐ No      Average value of aircraft in your care: \$      Average no. aircraft tied out:  
Applicant ties or hangars aircraft: ☐ Yes ☐ No      Highest value of aircraft in your care: \$      Average no. aircraft hangared:  
Wingwalkers used to move aircraft: ☐ Yes ☐ No      Daily mobile equipment inspections: ☐ Yes ☐ No      Recurrent training: ☐ Yes ☐ No  
Number and types of mobile equipment used: \_\_\_\_\_

**6. RAMP ACCESS and VEHICLES (other than mobile equipment)**

Ramp access for customer vehicles: ☐ Yes ☐ No      Average value vehicle in your care: \$      Control ramp access: ☐ Yes ☐ No  
Storing of customer vehicles: ☐ Yes ☐ No      Average number vehicles in your care:  
Courtesy vehicles provided: ☐ Yes ☐ No      Cargo ops on ramp (UPS, etc.): ☐ Yes ☐ No

**7. ADDITIONAL INFORMATION**

- a. Years in Business: \_\_\_\_\_ Total no. of employees: \_\_\_\_\_ Total no. of locations: \_\_\_\_\_
- b. Applicant's facilities are located at: ☐ International Airport ☐ Large Regional Airport ☐ Small Muni. Airport ☐ Private Airport
- c. Airport is maintained by: \_\_\_\_\_
- d. Emergency vehicles/personnel located on field: ☐ Fire ☐ Medical ☐ Hazmat ☐ Police/Security
- e. Airport elevation: \_\_\_\_\_ ft.      Airport's longest paved and lighted runway: \_\_\_\_\_ ft.      Control Tower: ☐ Yes ☐ No  
Hours of Operation: \_\_\_\_\_
- f. Airport Manager is Applicant: ☐ Yes ☐ No – Explain: \_\_\_\_\_
- g. Airport Manager is available 24-hours 7-days a week: ☐ Yes ☐ No – Explain: \_\_\_\_\_
- h. Applicant is responsible for the maintenance of navigation aids: ☐ Yes ☐ No

- i. Premises are: ☐ Owned / Leased from: \_\_\_\_\_ ☐ Rented from: \_\_\_\_\_
- j. Premises/facilities are maintained by: \_\_\_\_\_
- k. Ramp/parking area is paved and clear of obstructions and/or construction: ☐ Yes ☐ No
- l. Ramp/parking is shared by other FBO/commercial operators: ☐ Yes ☐ No
- m. Ramp/parking is well lighted and has easy and clear access from taxiways and/or runways: ☐ Yes ☐ No
- n. Does private or municipal security personnel routinely patrol premises?: ☐ Yes ☐ No
- o. Is fire suppression equipment available? (YES-describe below): ☐ Yes ☐ No

Description of Applicant's Premises (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Catering Department           | <input type="checkbox"/> Maintenance Hangar      | <input type="checkbox"/> Pilot's Lounge                  |
| <input type="checkbox"/> Flight Department             | <input type="checkbox"/> Offices (Number: _____) | <input type="checkbox"/> Restaurant                      |
| <input type="checkbox"/> Flight Planning Area/Services | <input type="checkbox"/> Paint Bay               | <input type="checkbox"/> Small T-Hangars (Number: _____) |
| <input type="checkbox"/> Interior Shop                 | <input type="checkbox"/> Parts Department        | <input type="checkbox"/> Tie Downs (Number: _____)       |
| <input type="checkbox"/> Large Hangars (Number: _____) | <input type="checkbox"/> Passenger Lounge        | <input type="checkbox"/> Transient Aircraft Parking Area |
| Number of Elevators on Premises: _____                 | Number of moving sidewalks on Premises: _____    |  |

**8. 5-YEAR LOSS HISTORY** (attach loss runs if available)

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## FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to

exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TENNESSEE FOR WORKERS COMPENSATION:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS: Workers Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WAHSINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**NOTICE TO ALL OTHER STATES:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

*(Fraud Language Revised 12/07/09)*

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.**

*I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; 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; any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*

**Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**Producer:** \_\_\_\_\_

**State / License No.:** \_\_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_