

APPLICATION FOR AIRPORT LIABILITY INSURANCE



Name of Applicant: _____

Address: _____

Form of Business: Public entity Individual Partnership Corporation Other (Describe) _____

Name and Location of Airport(s) to be insured: _____

Please supply a diagram of airport.

Applicant's interest in premises: Owner Lessee Other (Describe) _____

Applicant's occupancy is: Entire Part (Describe) _____

Description and location of premises or facilities used on a permanent, occasional or temporary basis in conjunction with the airport described above: _____

Airport manager's name: _____ Manager's length of experience in aviation operations: _____

Is airport certified under Federal Aviation Regulation Part 139? Yes No Is airport completely fenced? Yes No

Does the applicant engage in:

If applicable, please provide annual sales receipts and/or fuel gallonage for:

	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)	Next Year (Estimated)
Fueling of airlines:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / gals.	\$ _____ / gals.	\$ _____ / gals.
Fueling of other aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / gals.	\$ _____ / gals.	\$ _____ / gals.
Fuel storage, wholesaling or flowage arrangements	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ / gals.	\$ _____ / gals.	\$ _____ / gals.
Operation or ownership of fuel trucks, tanks or fuel hydrant system?	<input type="checkbox"/>	<input type="checkbox"/>			
Aircraft service or maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
Rental or lease of hangars or tie downs?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," supply specimen copies of lease or rental contracts.		
Hangaring of aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," supply specimen copy of hangaring contract.		
Towing, moving or parking of aircraft?	<input type="checkbox"/>	<input type="checkbox"/>			
Value of aircraft in applicant's care, custody or control at any one time:			Maximum any one aircraft \$ _____	Total all aircraft \$ _____	
Operation of aircraft?	<input type="checkbox"/>	<input type="checkbox"/>			
Airline passenger security screening?	<input type="checkbox"/>	<input type="checkbox"/>			
Operation of control tower?	<input type="checkbox"/>	<input type="checkbox"/>			
Operation of unicorn?	<input type="checkbox"/>	<input type="checkbox"/>			
Ownership and/or maintenance of nav aids, windshear detectors, or aviation communication equipment?	<input type="checkbox"/>	<input type="checkbox"/>			
Ownership or use of runway anti-skid or deicing equipment, or icing/runway temperature/chemical mix monitoring systems, or breaking action measurement equipment?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," describe _____		
Rental or lease to others of land or buildings?	<input type="checkbox"/>	<input type="checkbox"/>			
Rental of premises to others for retail stores or services?	<input type="checkbox"/>	<input type="checkbox"/>			
Other aviation activities on or off airport premises?	<input type="checkbox"/>	<input type="checkbox"/>	If "Yes," describe _____		

Any non-aviation activities on or off airport premises?

Who is responsible for inspection and maintenance of ramps, taxiways or runways? _____

Who is responsible for snow removal (if applicable)? _____

Do airlines use airport? Yes No Largest type of aircraft using the airport: _____

List all air carriers using the airport including commuter, charter, package express, and cargo airlines: _____

	Last Year (Actual)	This Year (Actual/Estimated)	Next Year (Estimated)
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Total annual number of airline passenger enplanements and deplanements:	_____	_____	_____
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Total annual number of aircraft movements:	_____	_____	_____
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Describe airport crash, fire and rescue (CFR) protection, emergency medical (EMS) and ambulance service. If fire service is off airport, state location and distance.

Who employs CFR and EMS staff? _____

Does the applicant operate any medical facilities? Yes No Does the applicant employ or contract any medical personnel? Yes No

If "Yes," describe: _____

Who provides general security and police services? _____

Who employs security guards and police? _____

Who provides airline passenger security screening? _____

Who employs security screening staff? _____

Who provides janitorial service and employs janitorial staff? _____

Does applicant operate auto parking facilities? Yes No Annual revenues from auto parking: \$ _____ Number of parking spaces: _____

Name of independent operator of auto parking facility, if applicable: _____

Does applicant:

	Yes	No
Have in force a bird strike prevention or wildlife control plan?	<input type="checkbox"/>	<input type="checkbox"/>
Maintain any other emergency plans?	<input type="checkbox"/>	<input type="checkbox"/>
Maintain an air crash emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes," describe _____

Describe all vehicles (including mobile equipment and automobiles) operated by the applicant on airport premises. Indicate which have coverage on the applicant's auto insurance policy.

Vehicle	Auto coverage?	Vehicle	Auto coverage?	Vehicle	Auto coverage?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the applicant's auto insurance policy have any restrictions on vehicle operations on airports? Yes No

Are any airport vehicles or mobile or vehicles which are not covered on the applicant's auto insurance policy operated off the airport premises? Yes No

Is there a training or licensing program for drivers operating equipment and vehicles in aircraft movement areas? Yes No

Who owns fuel tank farms? _____

Who is responsible for their operation and maintenance? _____

Who is responsible for fuel testing and quality assurance? _____

Is there a formal training program in fuel handling and aircraft fueling procedures? Yes No If "Yes," describe: _____

Fuel tanks are located: Above ground Name of Underground Storage Tank (UST) insurance company: _____

Below ground Name of Environmental Impairment Liability insurance company: _____

Are there any active, inactive or abandoned dumps, landfills or aircraft salvage yards on, adjacent to, or near premises? Yes No If "Yes," describe: _____

Do airport premises contain:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity	Maintained by
Elevators?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Escalators?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Moving sidewalks?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Electric doors?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Passenger trains	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

If applicable, estimated costs of work performed by:

During the next 12 months will the applicant be involved in:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Applicant	Contractor
New construction?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
Structural alterations?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

Are any airshows, contests or exhibitions held at the airport? Yes No If "Yes," please describe: _____

Who provides airshow insurance? _____ Is applicant an insured under the airshow policy? Yes No

What coverages and limits are provided? _____

Does applicant use non-owned aircraft on airport business, either chartered or piloted by airport employees? Yes No If "Yes," please describe usage or attach non-owned aircraft application: _____

Insurance requirements for tenants and other parties:

	Minimum liability limits you require them to carry:	Are you an additional insured under their policy?	Are you "held harmless" in your contract with them?	
Airlines	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Police, Fire, EMS	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed base operators	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fuel supplier	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of fuel supplier _____
Contractors	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Food/liquor services	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other tenants	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Auto parking operator	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security service	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Janitorial service	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical personnel	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other vendors	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach samples of applicant's standard agreements/contracts with the tenants or other parties.

Does applicant require all tenants and vendors to show proof of insurance (as appropriate)? Yes No

Are certificates of insurance maintained on file by applicant? Yes No

Has applicant signed any agreements assuming liability of others? Yes No If "Yes," attach copies of agreements.

Is there any other pertinent information, or any potential changes in exposure which materially affect this risk? Yes No If "Yes," describe _____

Airport liability insurance now in effect:

Insurance company: _____ Expiration Date: _____

Coverages, limits, and deductibles: _____

Number of years applicant has been insured by current insurance company: _____

Workers Compensation insurance now in effect:

Insurance company: _____ Expiration Date: _____

