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AIRPORT INSURANCE APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

APPLICANT IS: Individual Corporation Partnership Government Entity Other _____

whose business is: _____ Total Employees _____

Quotation for Airport Liability insurance for an annual period beginning _____ 19 _____

Name of airport _____ located _____ miles _____ of _____ N E S W CITY

APPLICANT IS Tenant General Lessee Airport Owner Present insurance expires _____

APPLICANT OCCUPIES WHAT PART OF AIRPORT? ENTIRE PORTION (explain) _____

If applicant is General Lessee or Airport Owner: Are any Ultralight activities allowed on premises? NO YES

If yes explain _____

OPERATIONS OF APPLICANT		Indicate all operations and estimated annual gross receipts.			
Aircraft painting	\$ _____	Propeller Repair	\$ _____	List all other sources and receipts. Use separate sheet if needed.	
Fuel & Lubricants	\$ _____	Aircraft Charter	\$ _____		\$ _____
Engine Overhaul	\$ _____	Rental & Instructions	\$ _____		\$ _____
New Aircraft	\$ _____	Helicopter Repairs	\$ _____		\$ _____
Used Aircraft	\$ _____	Auto Parking	\$ _____		\$ _____
Aircraft Parts (not installed)	\$ _____	Aircraft Repair/Serviceing	\$ _____		\$ _____
Tiedowns & Hangaring	\$ _____	Restaurant	\$ _____		\$ _____

FUELING: On premises NO YES Done by applicant NO YES FUELING is by: Truck Hydrant Gas pump Gas pit Other: _____

Annual gallonage: Airline _____ gallons; General Aviation _____ gallons; Military _____ gallons.

Type of fuel sold: AVGAS JET FUEL AUTO GAS

Fuel Storage Facilities: Underground _____ gallons; Above ground _____ gallons.

Annual Gallonage of Turbine Engine Fuel: _____

Are static lines attached during all refueling operations? _____ Are U. L. Approved fire extinguishers carried on each fueling vehicle? _____

TIE DOWN & HANGARING by APPLICANT—are aircraft of others taxied, towed or moved by applicant? NO YES

Are any aircraft tied-out? _____ Type of tie-down facility _____

Average Number of Aircraft Tied-out _____

Average value of any one aircraft in care & custody of the applicant \$ _____ Maximum value any one aircraft in care & custody of the applicant \$ _____

Average value of all aircraft in the care & custody of the applicant \$ _____ Maximum value all aircraft in care & custody of the applicant \$ _____

Limit of Liability Coverage desired: \$ _____ any one aircraft \$ _____ any one occurrence

APPLICANT'S VEHICLES, ELEVATORS 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 _____

State number of Elevators _____ Escalators _____ Moving Sidewalks _____

State 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? 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 expected during next 12 months:

Runways & taxiways \$ _____ All others (describe) _____ \$ _____

AIRPORT DESCRIPTION Elevation is _____ ft.: Longest runway is _____ ft. Area in acres _____

Are any approaches obstructed: No Yes Explain _____

Any sea lanes No Yes Describe _____

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

Runway Constructions Concrete Turf Gravel Blacktop Other _____

Are runways lighted? No Yes Who is responsible for turning them on? _____

Aircraft traffic is controlled No Yes — Tower Unicom — Operated by _____

Is there an airport manager? No Yes Employed by _____

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

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

Who is responsible for maintenance of taxiways & runways? _____

IF APPLICANT IS OWNER OR GENERAL LESSEE — COMPLETE THE FOLLOWING AND ENCLOSE A MAP OR FAA FORM 29-A.

Any Recreational or other Non-Aviation facilities or use of Airport premises? No Yes (describe) _____

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

TOTAL ESTIMATED ARRIVALS & DEPARTURES:	PRESENT YEAR	NEXT YEAR (EST.)	FOLLOWING YEAR (EST.)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

LIMITS OF LIABILITY (CHECK BOX FOR COVERAGES DESIRED): PREMISES PRODUCTS COMPLETED OPERATIONS

LIABILITY COVERAGE —state limits of liability desired	PREMISES			COMPLETED OPERATIONS & PRODUCTS	
	EACH PERSON	EACH OCCURRENCE	PREMIUM	EACH PERSON	EACH OCCURRENCE
Bodily Injury Liability	\$ _____	\$ _____	\$ _____	\$ _____	_____
Property Damage Liability	X X X	\$ _____	\$ _____	X X X	_____
Bodily Injury and Property Damage	\$ _____	\$ _____	\$ _____	_____	_____
Ground Hangarkeepers Liability	EACH AIRCRAFT	EACH OCCURRENCE	PREMIUM	MINIMUM	DEPOSIT
<input type="checkbox"/> INCLUDING TAXI <input type="checkbox"/> EXCLUDING TAXI	\$ _____	\$ _____	\$ _____	\$ _____	_____
\$ DEDUCTIBLE	_____	_____	_____	_____	_____

LOSS HISTORY and PREVIOUS AVIATION INSURANCE Explain each "YES"

Has applicant had any airport/aviation losses/claims during last five years? No Yes _____

Has any insurer canceled, declined or refused to renew any airport/aviation insurance? No Yes _____

Name of last or present airport/aviation insurance company? _____

I, the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I agree that this Application shall be a basis of my acceptance.

Dated at _____, this _____ Day of _____, 19 _____

Signature of Applicant, or Authorized Executive _____ Title _____

NAME OF AGENT _____

ADDRESS _____