



Phoenix Aviation Managers, Inc

P.O. Box 440757
Kennesaw Georgia 30160

15660 N. Dallas Parkway Suite 1000
Dallas, Texas 75248

GENERAL AVIATION AIRPORT LIABILITY INSURANCE APPLICATION
(Not for use if Airline or Commuter Operations involved)

EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1 Is this a Public Bid? NO YES (If YES the complete bid specifications must be attached)

2 Name of Applicant: _____

Address: _____

Applicant Is: Corporation* Partnership*
 Individual Estate
 Municipality

*If Corporation or Partnership give names of Officers or Partners listed below

3 Coverage to be effective from _____ 20 _____ to _____ 20 _____

4 Name and Location of Airport: _____

Airport Identifier: _____

Please complete separate Application for each Airport location

5 F A A Airport Classification: _____

6 Interest of Applicant in Airport: Tenant General Lessee Airport Owner

7 Runways:

	HEADING	LENGTH	WIDTH	SURFACE
(a)				
(b)				
(c)				
(d)				

8 Is Airport Fenced 100%? NO YES / Is Airport Fenced Partially? NO YES

9. Is a Fire Station on premises, if not who responds and how far away? _____

10 Please answer the following:

a Is a Manager on premises 24 hours a day? NO YES

If NO, when? _____

b Is Airport Manager an employee of the Named Insured? NO YES

c If NO of whom and supply a copy of the contract _____

d Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager? NO YES

If YES describe _____

e How much Insurance do they carry? _____

f When does their coverage expire? _____

g Do they hold you harmless? NO YES

Does Applicant refuel / defuel any Scheduled Airlines? NO YES

If YES, describe type of aircraft and number fueled per day _____

Self-Serve Fuel: Does applicant provide Self-Serve Fuel on premises? NO YES

If YES: Who is responsible for Fuel and Equipment maintenance of tanks? _____

Who receives the profit from the sale of fuel? _____

16 If you answered yes to Aircraft or Helicopter Repairs & Service describe the type of Aircraft and Helicopters serviced and the scope of your work _____

17 AIR MEETS, CONTESTS, EXHIBITIONS – Our policy excludes Air Meets, Contests and Exhibitions without prior agreement but does not exclude 'Static Displays'. If you plan to have an Air Meet, Contest or Exhibition, different conditions will apply. Contact your Insurance Agent for details.

18 Is your Control Tower operated by the FAA? NO YES

If NO:

a Who Operates it? _____

b How much Insurance do they carry? _____

c When does their Insurance expire? _____

d Do they hold you harmless? _____

e Does their Insurance Policy include you as an Additional Insured? _____

19 TIE DOWN & HANGARING BY APPLICANT:

Are Aircraft of others taxied, moved or towed by Applicant? NO YES

If NO, who provides these services on premises? _____

If YES, provide information regarding training of employees for the performance of these duties _____

Who provides Tie Down ropes, chains, etc.? _____

Number of:

Tied Down Spaces _____ T-Hangars _____ Multiple Aircraft Hangars _____

Number of Aircraft:

Tied Down _____ In T-Hangars _____ In Multiple Aircraft Hangars _____

Highest Value Aircraft:

Tied Down \$ _____ In T-Hangars \$ _____ In Multiple Aircraft Hangars \$ _____

Total Value All Aircraft Combined:

Tied Down \$ _____ In T-Hangars \$ _____ In Multiple Aircraft Hangars \$ _____

Number of:

Ultra-light Aircraft _____ Helicopters _____

20 PARKING:

Does Applicant charge for Automobile Parking? NO YES

If YES, give area: _____

Total Number of Parking Spaces operated by Insured _____ operated by Contractor _____

21. Estimated Structural Alterations:

Runways/Taxiways

All Other

a By Independent Contractors – cost next 12 months: \$ _____ \$ _____

b By Applicant – cost next 12 months: \$ _____ \$ _____

22 As respects Incidental Malpractice, do you employ any full-time Nurses, Doctors or EMT's and if so, please give full details – including number of each and the maximum number on duty at any one time: _____

23 Does Applicant own, operate or maintain any of the following?

Number

Who Maintains?

a Elevators _____

b Escalators _____

c Moving Sidewalks _____

d Revolving Doors _____

	Number	
e Fuel Trucks	_____	
f Mowers	_____	
g Snow Removal	_____	Are all vehicles restricted to on airport premises?
h Pick-Up Trucks	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES
i Fire Engine / Fire Rescue	_____	If NO, provide details _____
j Passenger Cars	_____	_____
k Tugs	_____	_____
l Fixed wing Aircraft owned by Applicant	_____	_____
m Helicopters owned by Applicant	_____	_____
n Other _____	_____	_____

24 AIRPORT SECURITY:

Airport Security is provided by _____

If Applicant, provide number on duty at any one time: _____ Policy / Security _____ Fireman / Rescue
 _____ Other (please describe) _____

25 HOLD HARMLESS (Coverage Required):

	Minimum Limits Required by You Should be Not Less Than	Are You Named as an Additional Insured
a Fixed Base Operators	\$ 2 000 000	<input type="checkbox"/> NO <input type="checkbox"/> YES
b Concessionaires	\$ 1 000 000	<input type="checkbox"/> NO <input type="checkbox"/> YES
c Contractors	\$ 5 000 000	<input type="checkbox"/> NO <input type="checkbox"/> YES
d Others (describe below)		

e Attach samples of your Standard Agreements Are they all similar? If not advise details on a separate sheet and/or provide copies of contracts		

VERY IMPORTANT

If your minimum limits required by you are not as high as those shown above, you must complete Page 7 of the Application. By leaving Page 7 blank you are stipulating that the Insured requires the minimum limits of liability as stated above.

26 NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:

- a. Number of hours per year when you use a Non-Owned Aircraft piloted by people other than employees of the Applicant and type of Aircraft and maximum seating: _____
- b. Number of hours per year when employees of Applicant use Non-Owned Aircraft on Applicant's business and type of Aircraft and maximum seating: _____
- c. As respects (b) above, each employee pilot must complete Pilot History Form which may be obtained from your Agent

27 Have you had any Airport Liability or Non-Owned Aircraft Liability claims during the current policy period or during the prior 6 years thereto? NO YES

If YES, please provide:

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: If claim Incurred over \$5 000 give breakdown of each claim by date description and amount paid and/or reserved

28 COVERAGE & LIMITS REQUESTED

Limits:

\$ _____ Each Occurrence – Combined Single Limit Bodily Injury and Property Damage
 (An annual aggregate applies to products/completed operations and personal injury/advertising liabilities)

Coverages:

- Products & Completed Operations
- Incidental Medical Malpractice Liability

Coverages (continued):

- Medical Payments: \$ _____ each person
- Personal Injury **Including** Advertising Injury
- Hangarkeepers Liability: \$ _____ Each Aircraft
 - Deductible: \$ _____ Each Occurrence
 - \$ _____ \$ _____ Each **Loss**
- Fire Legal Liability: \$ _____ Any One Fire
- Other (Specify) _____

29 PRESENT COVERAGES

Airport Liability

- a Present Company _____
- b Limits of Liability _____
- c Deductible _____
- d Expiration Date _____
- e During the last year, no insurer has cancelled or refused to renew the Applicant's Aviation Insurance except:

(State "No Exception" or name insurer date and reason)

REMARKS

All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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.

Arkansas – 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.

Colorado – 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - 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.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – 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.

Kentucky – 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.

Maine – 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 a denial of insurance benefits.

Maryland – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New York – 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime

Oklahoma -- 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.

Oregon -- Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud

Pennsylvania – 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 7 years and payment of a fine of up to \$15 000

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties

Date _____ Applicant's Signature _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company Agrees to effect this insurance.

(This Applicant s insurance agent may not sign this Application for the applicant)

The following must be completed by Agent or Broker before Policy can be issued:

Producer _____
Address _____
City _____
State _____
Phone No _____ Fax No _____

Are you licensed in the state where the risk is located as:

- Surplus Lines Broker
- Agent
- YES NO

By the Company of Issue (Item No. 3):

<p>If the Limit Required are Less Than the Minimum Limits shown under Item 25 of the Application Please Contact the Lessee / Permittee and Ascertain what Actual Limits are Carried <u>Fill It in Below</u></p>	
<p>What Cancellation or Review Provisions are Contained in the Contract as Respects Insurance Requirements</p>	
<p>What is the Renewal Date of Contract</p>	
<p>Permittee / Lessee Include Airport as an Additional Insured</p>	
<p>Does Contract with Permittee / Lessee Hold Harmless & Indemnify Airport</p>	
<p>Limits of Liability Contract Requires Permittee / Lessee to Carry</p>	
<p>Business of Permittee / Lessee</p>	
<p>Permittee/ Lessee</p>	