



Phoenix Aviation Managers, Inc.

Atlanta
1255 Roberts Blvd., Suite 200
Kennesaw, Georgia 30144

Dallas
15660 N. Dallas Parkway, Suite 1100
Dallas, Texas 75248

COMMERCIAL AIRPORT LIABILITY APPLICATION

This Application does not commit the Insurer to any liability nor make the Applicant liable for any premium unless and until Phoenix Aviation Managers, Inc., specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by Phoenix Aviation Managers, Inc.

EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1. Is this a Public Bid? [] Yes [] No
(Note: If yes, the complete bid specifications must be attached)

2. Name and Mailing Address of Applicant: _____

APPLICANT IS: [] Corporation [] Partnership* [] Municipality
[] Individual [] Estate

* If Partnership give names of Officers or Partners, listed below.

3. Coverage to be Effective from: _____ to: _____
(Standard Time at address of Applicant) both days at 12:01 A.M.

4. Name and Location of Airport: _____
Airport Identifier: _____

Please complete separate Application for each Airport location

5. FAA Airport Classification: _____

6. Interest of Applicant in Airport: [] Owner [] General Lessee [] Tenant

7. Description of Airport:

(a) Elevation is _____ ft.

(b) Runway length: _____

Runway construction: [] Concrete [] Turf [] Gravel [] Blacktop [] Other _____

(c) Are Runways lighted? [] Yes [] No

(d) Is Airport Fenced 100%? [] Yes [] No / Is Airport Fenced Partially? [] Yes [] No

(e) What method do you use to control animals and birds? _____

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

(b) Number of EMT & Fire Fighters on duty at any one time? _____

(c) Total Number of EMT & Fire Fighters? _____

9. Is a Manager on premises 24 hours a day? [] Yes [] No
If no, when? _____

10. (a) Is Airport Manager an employee of the Named Insured? [] Yes [] No

(b) If no, of whom and supply a copy of the contract. _____

(c) Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager? [] Yes [] No If Yes, describe. _____

(d) How much Insurance do they carry? _____

(e) When does their coverage expire? _____

(f) Do they hold you harmless? [] Yes [] No

(g) Does their Insurance Policy include you as an Additional Insured? [] Yes [] No

(h) Does the contract between you and the Airport Manager specifically outline (a) his/her duties as Manager and (b) Insurance requirements? [] Yes [] No

11. (a) Are there any Non-Aviation activities at the Airport? Yes No
Describe: _____
- (b) Are there any Ultra-light, Parachute or Balloon Operations? Yes No
Describe: _____
- | | <u>This Fiscal Year</u> | <u>Next Fiscal Year</u> |
|--|-------------------------|-------------------------|
| 12. Annual Enplaned Passengers: | _____ | _____ |
| 13. Total Annual Aircraft Operations (Take-Offs and Landings): | _____ | _____ |
| (a) Airlines / Commuter | _____ | _____ |
| (b) General Aviation / Air Taxi | _____ | _____ |
| (c) Military | _____ | _____ |
| (d) Cargo | _____ | _____ |
| (d) Total Operations | _____ | _____ |
14. (a) Largest Aircraft Type commonly using the Airport: _____
(b) Who operates the Aircraft in (a)? _____
15. Does Insured engage directly in any of the following operations? **If Yes, Annual Receipts**
- | | | |
|---|--|-------|
| (a) Sale of Aircraft | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (b) Aircraft Repairs & Service | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (c) Aircraft Parts Sold | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (d) Cargo Handling | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (e) Cargo Storage | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (f) Planemate Operation | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (g) Security Screening | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (h) Rental & Instruction | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (i) Restaurant Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (j) Passenger Shuttle Bus or Van Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| (k) Are you planning to change any of your Historical Operations (Describe below) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
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16. **FUELING:** On Premises? Yes No Done by Applicant? Yes No
- Fueling is by: Truck Hydrant Gas Pump Gas Pit Other _____
- Fuel Storage Facilities: Underground _____ gallons
Above Ground _____ gallons
- Type of Fuel:
Annual Gallonage: Airline _____ gallons General Aviation _____ gallons Military _____ gallons
- Type of Fuel Sold: AVGAS JET FUEL AUTO FUEL
- Annual Gallonage of Turbine Engine Fuel: _____ gallons
- Self-Serve Fuel: Does applicant provide Self-Serve Fuel on premises? Yes No
If yes,
who is responsible for Fuel and Equipment maintenance of tanks? _____
who receives the profit from the sale of the fuel? _____
- Does Applicant refuel / defuel any Scheduled Airlines? Yes No
If yes, describe type of Aircraft and number fueled per day: _____
- What are your Annual Gross Receipts for fueling? a) Airline _____
b) General Aviation _____
- What control do you exercise over fueling and the storage of fuel? _____
-
17. Air Meets, Contests, Exhibitions – Our policy excludes Air Meets, Contests and Exhibitions without our 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.
Are you planning to have an Air Meet, Contest or Exhibition other than static display? Yes No

18. Is your Control Tower operated by the FAA? Yes No
 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? _____
 (f) Is this contract for the operation of the tower between you and the operator or between the FAA and the operator? _____

19. **Tie Down & Hanging by Applicant:**
 (a) Do you rent Hangars or Tie Downs directly to the Aircraft Owners? Yes No
 (b) Or Fixed Based Operators, who in turn rent to Aircraft Owners? Yes No
 (c) Are Aircraft of others taxed, towed or moved by Applicant? Yes No
 (d) Who provides Tie Down ropes / chains, etc.? _____
 (e) Number of:

Tied Down Spaces _____	T-Hangars _____	Multiple Aircraft Hangars _____
Number of Aircraft: Tied Down _____	In T-Hangars _____	In Multiple Aircraft Hangars _____
Highest Value A/C: Tied Down \$ _____	In T-Hangars \$ _____	In Multiple Aircraft Hangars \$ _____
Total Value All A/C Combined: Tied Down \$ _____	In T-Hangars \$ _____	In Multiple Aircraft Hangars \$ _____
Number of: Ultra-light A/C _____	Helicopters _____	

20. (a) Total Number of Parking Spaces operated by Insured _____, operated by Contractor _____
 (b) Is there a charge for parking? Yes No
 (c) Name of Parking Facility Contractor _____
 (d) Is there any Valet Parking at Airport? Yes No
 Provided by? _____

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 on duty at any one time: _____

23.

	Number	Who Maintains?
(a) Elevators	_____	_____
(b) Escalators	_____	_____
(c) Moving Sidewalks	_____	_____
(d) Revolving Doors	_____	_____

24.

	Number	
(a) Fuel Trucks	_____	
(b) Movers	_____	
(c) Snow Removal	_____	
(d) Pick-Up Trucks	_____	
(e) Fire Engine / Fire Rescue	_____	
(f) Passenger Cars	_____	
(g) Tugs	_____	
(h) Fixed Wing Aircraft owned by Applicant	_____	
(i) Helicopters owned by Applicant	_____	
(j) Other	_____	

Are all vehicles restricted to on airport premises?
 If not, provide details _____

25. **AIRPORT SECURITY:**

Airport Security is provided by _____
 If Applicant, provide number on duty at any one time: _____ Police / Security _____ Fireman / Rescue
 _____ Other (please describe) _____

26. Minimum Limits that you require to be provided:

Minimum Limits Required by You Should be not Less Than	Are You Named as an Additional Assured
(a) Airlines \$250,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Commuters \$ 25,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Fixed Base Operators \$ 2,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Concessionaires \$ 1,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Contractors \$ 5,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Others (describe below)	

(g) 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 6 of the Application. By leaving Page 6 blank you are stipulating that the Insured requires the minimum limits of liability as stated above.

27. **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.

28. Have you had any Airport Liability or Non-Owned Aircraft Liability claims during the current policy period or during the prior 6 years thereto? Yes No
 If Yes, Please provide:

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

NOTE: Please provide Loss Run for each year, including amount complete description of each loss by date, amount paid and/or reserved for the past 6 years.

29. **EXCESS AUTOMOBILE LIABILITY – OFF PREMISES.**

Do you want coverage for Off Premises Excess Automobile Liability? Yes No
 If yes, complete the following:

- (a) Of the vehicles listed in question 24., how many routinely go off the Airport premises? _____
- (b) Describe the vehicles that routinely go off the Airport premises. _____
- (c) Who is your Primary Automobile Insurance Company and Policy Number? _____
- (d) What limits of liability are provided? _____
- (e) Have you had any Automobile Liability claims in the last 6 years greater than \$50,000? Yes No
 If so, describe: _____

30. **EXCESS EMPLOYERS LIABILITY COVERAGE – EXCLUDING DISEASE**

Do you want this coverage? Yes No

If yes, complete the following:

(a) Who is your primary Employers Liability Insurance Company and Policy Number? _____

(b) What limits of liability are provided? _____

(c) Have you had any Employers Liability claims in the last 6 years greater than \$50,000? Yes No

If so, describe: _____

(d) How many employees do you have? _____

(e) What are your annual payrolls by W.C.A. class code?

Code _____ Payroll _____

Code _____ Payroll _____

Code _____ Payroll _____

Code _____ Payroll _____

31. **COVERAGE TO BE QUOTED:**

Single Limit Bodily Injury, and Property Damage Liability Combined \$ _____ each occurrence and annual aggregate as respects Products-Completed Operations – Contractual Liability. Personal / Advertising Injury and Malpractice are included separately for a sublimit of not more than \$25,000,000 any one offense / aggregate over the Primary and Excess Policies combined.

32. **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 / our 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.

BY: _____ DATED: _____
Applicant's Signature

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

Name/Address or Agent or Broker: _____

Are you licensed in the State where the Insured is located as: _____ Surplus Lines Broker Agent

As an Agent of Old Republic Insurance Company in the State where the Insured is located? Yes No

Any person who knowingly and with intent to defraud an 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.

If the Limit
Required is
Less Than
The Minimum
Limits shown
Under Item 25 of
the Application
Please Contact the
Lessee / Permittee
and Ascertain
What Actual
Limits Are Carried
Fill it in Below

What Cancellation
Or Review
Provisions are
Contained in the
Contract as
Respects
Insurance
Requirements

What is the
Renewal Date
Of Contract

Permittee / Lessee
Include Airport
as an
Additional Insured

Does Contract with
Permittee / Lessee Hold
Harmless &
Indemnify Airport

Limits of Liability
Contract Requires
Permittee / Lessee
to Carry

Business of
Permittee/
Lessee

Permittee/
Lessee