



FIXED BASE OPERATIONS INSURANCE APPLICATION



Insurance provided by
Member Companies of
American International Group, Inc.

Applicants name _____
 Mailing Address _____
 Applicant Is _____
(Individual, Partnership, - Name of Partners, Government Body, Estate, Other - Describe)
 Business of Applicant _____
 Number of years in business _____ Under this management _____ At this location _____ Number of employees _____

AIRPORT DESCRIPTION

Name of Airport _____ FAA Airport Designator _____
 Applicants Interest In Airport: Owner Lessee Lessor Other _____ Describe _____
 Airport Is: Private Public Airport Field Elevation is: _____
 Longest Runway is: _____ Runway Surface is: Paved Unpaved
 Aircraft Traffic is Controlled - No Yes - By Tower Unicom - Operated by: _____
 Is Airport Fenced? No Yes Is Airport Patrolled by Police? No Yes
 Non-Aviation Activities on Airport Restaurant/Lodging Industrial Park Storage Farming
 Other _____
 Does Applicant Maintain/Operate Fuel Storage Facilities? No Yes
 Above Ground Below Ground
 Does Applicant Fuel Jet Aircraft or Regional Airlines No Yes- By Truck Island Pump

HANGARKEEPER'S LIABILITY (AIRCRAFT IN APPLICANT'S CARE, CUSTODY OR CONTROL)

Average value any one aircraft \$ _____ Average Total all aircraft \$ _____ Average number _____
 Maximum value any one aircraft \$ _____ Maximum Total all aircraft \$ _____ Maximum number _____
 Maximum value in any one hangar \$ _____ Describe hangars _____
 tied down \$ _____ Number of tiedowns _____
 Gross Receipts for next 12 months hangar rental \$ _____
 tie downs \$ _____
 towing \$ _____
 Does applicant fly customer's aircraft? No Yes. List all purposes of use: _____
 Largest type aircraft flown: _____ Maximum value: \$ _____
 Does applicant maintain separate Non-Owned Aircraft Liability insurance? No Yes

PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)

Total Gross Receipts: \$ _____ (Last 12 months) \$ _____ (Estimated next 12 months)
 Describe products and services _____
 Types of aircraft worked on: _____
 Applicant is a dealer or distributor for: _____
ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR REPAIR OF:
 Airframe & components: \$ _____ Total _____ % Fixed Wing _____ % Rotorwing
 Enging & components: \$ _____ Total _____ % Fixed Wing _____ % Rotorwing
 _____ % Major overhauls
 _____ % "Hot Section" repairs
 Avionics: \$ _____
 Propellers: \$ _____
 Rotorsystems: \$ _____

PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:

Airframe painting: \$ _____
Sale of parts, not installed: New: \$ _____ Used: \$ _____
Sale of fuel and oil (excluding Pumping Fees): \$ _____ Pumping Fees: \$ _____
Does applicant fuel/defuel any airlines? No Yes. Type of Aircraft: _____
Sale of aircraft: New: \$ _____ Used: \$ _____
Sale of food/beverages (including vending machines): \$ _____
Sale of other items and services: \$ _____ Describe: _____
Airline servicing (other than fuel): \$ _____ Describe: _____
Has applicant performed any engine or airframe modification work? No Yes Describe: _____
Has applicant ever sold, serviced or repaired "ultra-light" or "homebuilt" aircraft? No Yes Describe: _____

CONSTRUCTION, DEMOLITION & ALTERATIONS

Projected contract costs for next 12 months:
By applicant: \$ _____ Describe: _____
By independent contractors: \$ _____ Describe: _____
CONTRACTUAL LIABILITY ("HOLD HARMLESS" AGREEMENTS/INDEMNIFICATION CLAUSES)
Does applicant assume liability of others? No Yes. Attach all contracts assuming liabilities of others. All attached.

COVERAGES & LIMITS REQUESTED

POLICY PERIOD: From: _____ until _____ both at 12:01 AM at the applicant's address on the front page.

COVERAGES	Limits of Insurance
Commercial General Liability Coverage	
General Aggregate Limit (other than Products/Completed Operations)	\$ _____
Products/Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Aggregate Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (any one fire)	\$ _____
Medical Expense Limit (any one person)	\$ _____
Hangarkeeper's Liability Coverage	
Each Aircraft Limit	\$ _____
Each Loss Limit	\$ _____
Deductible (each aircraft)	\$ _____
	TOTAL ADVANCE PREMIUM \$ _____

POLICY DEDUCTIBLE

Each occurrence \$ _____ Annual Aggregate \$ _____
Other coverages, restrictions, endorsements: _____

IF ANY AIRCRAFT ARE LEASED, COMPLETE FOLLOWING AS RESPECTS EACH OWNER:

Name	Age	Pilot Certificate		Pilot Hours				
		Type	Ratings	S.E. Fixed	S.E. Ret. Gear	Multi-Engine	Total Last 180 Days	Total for All Types

IF ANY OF THE AIRCRAFT ARE ENCUMBERED, COMPLETE FOLLOWING

A/C No.	Amount of Lien	Name and Address of Lienholder

OPERATION OF NON-OWNED AIRCRAFT DURING LAST/NEXT 12 MONTHS NOT LEASED BY YOU.

Estimate annual flight hours in aircraft owned by others _____ / _____
 Passenger seating capacity of largest Non-Owned aircraft _____ / _____
 Purpose of flying Non-Owned Aircraft _____
 Describe type of aircraft owned by others usually flown _____
 Maximum value any one aircraft \$ _____ Average value any one aircraft \$ _____
 Limits of Coverage desired \$ _____ Each aircraft \$ _____ Each occurrence

NOTICE TO NEW YORK 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, 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 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 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 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 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 FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

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 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."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

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."

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT 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.

X _____
Applicant's Signature Today's Date

Producer _____ License Number: _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____ Fax No. _____