

OLD REPUBLIC INSURANCE COMPANY

AIRPORT LIABILITY INSURANCE APPLICATION



Is this a public bid? Yes No If yes, please attach full bid specifications with this completed application.

APPLICANT INFORMATION

Applicant Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Form of Business: Individual Partnership Joint Venture Trust Limited Liability Company A Public Entity
 Organization, Including a Corporation (But Not Including a Partnership, Joint Venture, Trust, LLC, or Public Entity)
 Other (Please describe): _____
 Business of Applicant: _____ Website: _____
 Insurance Effective from: _____ to _____
 Your present insurance: Carrier: _____ Exp. Date: _____
 Applicant is: Tenant General Lessee Airport Owner Other (Please describe): _____

AIRPORT DESCRIPTION

Name of Airport: _____ Identifier: _____ FAA Classification: _____
 If different from applicant address: Street: _____
 City: _____ State: _____ Zip Code: _____
 Located _____ miles (direction) of city. Elevation is: _____ ft.

Runway	Surface Type	Length in ft.	Width in ft.	Lighted
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

Is aircraft traffic controlled? Yes No By: Tower Unicom Operated by: _____
 Number of aircraft based at airport: _____ Airline _____ General Aviation _____ Military _____
 Hours of Operation: _____ a.m. to _____ p.m.
 Does the applicant own, operate or maintain any navigational aids? Yes No If yes, describe: _____
 Below, list Airlines and scheduled Air Taxis that will serve this airport during the next three years:

Total Estimated Arrivals & Departures:	Present Year	Next Year (est)	Following Year (est)
Revenue Passenger Enplanements			
Airline Aircraft/Commuter Aircraft/Cargo Aircraft			
General Aviation Aircraft			
Military Aircraft			
Totals			

Estimated Structural Alterations	Runway/Taxiways	All Other
By Applicant		
By Independent Contractor		

Describe: _____

AIRPORT SECURITY

Airport Security is provided by: _____ Number of security personnel on duty at any one time: _____
 # of Police _____ # of Fire/Rescue _____ Other, describe: _____
 Is applicant responsible for security screening at the airport? Yes No If yes, please describe: _____
 Is a Fire Station located at airport? Yes No If no, how many miles away from airport? _____
 What percentage of the airport is fenced? _____ % Who maintains the airport? _____
 What method do you use to control animals and birds? _____

Name of Applicant: _____

MANAGEMENT

Is there an airport manager? Yes No

Is manager on premises during hours of operation? Yes No If no, when? _____

Is airport manager an employee of the applicant? Yes No Employed by: _____ Independent Contractor
(Furnish a copy of the contract.)

Does the airport manager carry out business at the airport, aside from his/her duties as airport manager? Yes No

If yes, please describe: _____

Do they hold you harmless? Yes No

Does their insurance policy include you as additional insured? Yes No

Does the contract between you and the airport manager specifically outline:

His/her duties as manager? Yes No

Insurance requirements? Yes No

How many years in business under same management? _____

If less than five years, give description of owner's/managers experience.

FUELING

On premises? Yes No

Done by applicant? Yes No

Fueling is by: Truck Hydrant Gas pump Gas pit Self-Serve Pump Facilities Other _____

If Self-Serve Pump Facility: Who is responsible for Fuel & Equipment Maintenance? _____

Who receives profit from Sales? _____
Provide copy of contracts.

Fuel Storage Facilities: **Underground** _____ gallons **Above Ground** _____ gallons

Does applicant refuel/defuel any scheduled airlines? Yes No

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

Type of Fuel Annual Gallonage	Airline	Fuel Flowage	General Aviation	Military	Applicants Usage
AVGAS	gallons	gallons	gallons	gallons	gallons
JET FUEL	gallons	gallons	gallons	gallons	gallons
AUTO FUEL		gallons	gallons	gallons	gallons

HANGARKEEPERS AND GARAGEKEEPERS

Are aircraft of others taxied, towed, or moved by applicant? Yes No

Do you rent hangars and tie downs to an FBO who in turn rents to aircraft owners? Yes No

Do you rent hangars or tie downs directly to the aircraft owners? Yes No

Who provides tie down ropes, chains, etc.? _____

Does applicant use contracts for renting hangars and/or tie downs? Yes No If yes, please provide copies.

Number of:	Tie 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:	Tied down	\$	In T-hangars	\$	In multiple-aircraft hangars	\$

Name of Applicant: _____

HANGARKEEPERS AND GARAGEKEEPERS (continued)

Is there a charge for parking? Yes No

Is there valet parking at the airport? Yes No

Is parking **contracted** to a parking **facility contractor**? Yes No If yes, who? _____

Do you take automobiles of others into your care, custody, or control? Yes No

What is the highest value automobile? \$ _____

What is the total value of all automobiles at any one time? \$ _____

Total number of automobile parking spaces operated by applicant: _____

OTHER OPERATIONS OF APPLICANT - Indicate all operations applicant engages in *directly* and estimated annual gross receipts.

Sale of Aircraft:		Repair and Service:		Repair and Service:	
Used Piston Aircraft:	\$	Avionics and Cleaning:		Annual Inspection and General Maintenance:	
New Piston Aircraft:	\$	Avionics:	\$	Piston Aircraft:	\$
Helicopters:	\$	Interior Cleaning:	\$	Turbine Aircraft:	\$
Turbine Aircraft	\$	Exterior Cleaning:	\$	Rotorwing Aircraft:	\$
Sale of Parts Not Installed:				Military Aircraft:	\$
New Parts:	\$			Airline Use Aircraft:	\$
Used Parts:	\$	Repair and Service:			
Helicopter or Experimental		Heavy Maintenance/Airframe			
or Homebuilt Aircraft parts:	\$	Modification/Major Repair/Engine Overhaul:			
Sale of Fuel and Lubricants:		Piston Aircraft:	\$		
Avgas:	\$	Turbine Aircraft:	\$		
Jet A:	\$	Rotorwing Aircraft:	\$		
Pumping Fee:	\$	Military Aircraft:	\$		
Fuel Distribution:	\$	Airline Use Aircraft:	\$		
Other Sales:		Piston Engine Overhaul:	\$		
Food & Beverages:	\$	Turbine Engine Overhaul:	\$		
Rental & Instruction:	\$				
Tie Down & Hangaring:	\$	Other Sales:			
Aircraft Charter:	\$	Describe Other:			
Auto Parking:	\$	Total of All Sales:	\$		

Are you planning to change any of your historical operations? Yes No If yes, please describe: _____

Does applicant operate Unmanned Aerial Vehicles? Yes No If yes, please describe: _____

Indicate the number of vehicles maintained for use exclusively on the airport premises

Fuel Trucks		Snow Removal		Passenger Cars	
Mowers		Pickup Trucks		Fire Engines	
Tugs		Other			

State number of: Elevators: _____ Escalators: _____ Moving Sidewalks: _____

State number of: Aircraft owned or operated by applicant: _____ Number of helicopters: _____

Are there any ultralight, parachute, or balloon operations? Yes No

If yes, please describe: _____

Are there any non-aviation activities at the airport? Yes No

If yes, please describe: _____

AIR MEETS, CONTESTS, EXHIBITIONS - Our policy excludes Air Meets, Fly-In, Contests, and Exhibitions without prior agreement, but does not exclude "Static Displays." If you plan to have an Air Meet, Fly-In, Contest, or Exhibition, different conditions will apply.

Is applicant planning on having an Air Meet, Fly-In, Contest, or Exhibition? Yes No

Name of Applicant: _____

NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS

Non Owned Liability Limited Requested: \$ _____ When a Non-Owned Aircraft is piloted by your Employee(s) on Airport business:

Hours per year: _____ Aircraft Type: _____ Max # of Seating: _____ Max Hull Value: \$ _____

When a Non-Owned Aircraft is piloted by non-Employee(s) on Airport business:

Hours per year: _____ Aircraft Type: _____ Max # of Seating: _____ Max Hull Value: \$ _____

Does applicant have any non-owned Unmanned Aerial Vehicles exposures? If yes, please describe: _____

Does applicant require minimum liability limits from non-owned providers? If yes, what is the minimum limit required? \$ _____

As respects above, each employee pilot must complete a Pilot History Form which may be obtained from your Agent.

CONTRACTS

Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel suppliers, equipment lease, etc.? Yes No

Does applicant use uniform customer contracts for hangaring, service, etc.? Yes No

Does applicant require "hold harmless" coverage? Yes No

Give details of minimum limits required from: Airlines \$ _____ FBO's \$ _____ Concessionaires \$ _____

Is applicant named as Additional Insured? Yes No

Do you have Mutual Aid Agreements/NIMS Agreements? Yes No

LIMITS OF LIABILITY

Coverages desired: Premises Products Completed Operations Hangarkeepers

Liability Coverage State limits of Liability Desired	Premises		Completed Operations & Products	
	Each Person	Each Occurrence	Each Person	Each Occurrence
Bodily Injury Liability				
Property Damage Liability				
Bodily Injury and Property Damage				

Ground Hangarkeepers Liability Limits of Liability Desired	Each Aircraft	Each Occurrence	Deductibles	
			Piston	\$
			Turbine	\$
			Airline	\$
			EEL	\$

LOSS HISTORY

Has applicant had any airport/aircraft/non-owned aircraft/aviation liability losses claims incidents in the last 5 years? Yes No

If yes, please provide:

Date of Loss	Description	Amount Paid	Amount Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$

The following question does not apply to Missouri Applicants.

Has any insurance carrier cancelled, declined, or refused to renew any airport/aviation insurance? Yes No

Explain:

Name of Applicant: _____

COMMENTS

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CA, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA and OKLAHOMA

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 FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

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.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All particulars herein are 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.

Applicant Signature: _____ Date: _____

**Authorized representative of applicant must sign.
The Applicant's agent may not sign this Application for the Applicant.**

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

Producer Name: _____ State Producer License No. (Req. in FL)

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____