



# AIRPORT LIABILITY APPLICATION



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

Applicant's Name \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Effective From \_\_\_\_\_ Until \_\_\_\_\_  
 BOTH AT 12:01 am standard time at the address in item 2 above.  
 Applicant is:  Government  Corporation  Partnership \_\_\_\_\_  
 Name All Partners  
 Estate  Other: \_\_\_\_\_  
 Describe

**GENERAL INFORMATION**  
 Name & location of this Airport (this application is only for one airport location)  
 \_\_\_\_\_  
 Applicant interest in Airport is:  Owner  Lessor Applicant is:  Lessee  Trustee  Other \_\_\_\_\_  
 Describe  
**If Applicant is Government:**  
 a.) Does airport board/authority/commission or transportation authority operate airport?  Yes  No  
 b.) Does applicant submit airport insurance for public bid annually?  Yes  No  
 c.) Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers?  Yes  No  
**If Yes to c. show:**  
 Limits \$ \_\_\_\_\_ Expiration \_\_\_\_\_ Deductible/S.I.R.: \$ \_\_\_\_\_  
**If No to c., describe program fully** \_\_\_\_\_  
 \_\_\_\_\_  
 Use extra paper to provide full description  
 d.) Airport Budget Last Year \$ \_\_\_\_\_ This Year \$ \_\_\_\_\_  
 FAA Airport Classification \_\_\_\_\_  
 Airport altitude \_\_\_\_\_  
 List certificate restrictions and exemptions \_\_\_\_\_

**PREMISES - OPERATIONS**  
 Control Tower Operation:  No Control Tower  FAA Tower  Other - Operated By: \_\_\_\_\_  
 \_\_\_\_\_  
 Operating Days/Hours are: \_\_\_\_\_  
 Applicant  Does  Does Not Operate Unicom Service  
 Are any Nav aids, Radars, Windshear detectors or aircraft communications owned, leased or maintained by applicant? \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Runways, Taxiways, Ramps inspected/maintained by  Applicant  Other \_\_\_\_\_  
 Name of Firm  
 Does applicant maintain/operate fuel storage facilities?  Yes  No  
 a.) If "yes" to 16, tanks are  above ground  below ground  
 b.) Frequency of inspections \_\_\_\_\_  
 Non-Aviation activities on Airport  Lodging  Industrial Park  Storage  Farming  
 Other \_\_\_\_\_  
 Describe All Non-Aviation Activities

PREMISES - OPERATIONS *Continued*

Does Applicant:

- a.) Maintain Air Crash Emergency Plan?  Yes  No
- b.) Maintain Anti-Terrorist Plan?  Yes  No
- c.) Employ Medical Personnel?  Yes  No Do they have separate insurance coverage?  Yes  No

Describe: \_\_\_\_\_

- d.) Base Fire Fighting vehicles on the Airport full time?  Yes  No  
If No, distance to nearest Fire Department \_\_\_\_\_ Miles
- e.) Maintain Wildlife and Bird Strike prevention program?  Yes  No
- f.) Own, operate, use or maintain any off-Airport premises to be covered?  Yes  No

Describe all locations and uses: \_\_\_\_\_

- g.) Charge for auto parking?  Yes  No  
Number of parking spaces \_\_\_\_\_
- h.) Host/sponsor or operate Airshows?  Yes  No

Describe: \_\_\_\_\_

- i.) (i) Number of: Elevators? \_\_\_\_\_ Escalators? \_\_\_\_\_  
Moving Sidewalks? \_\_\_\_\_ Automated Passenger Trains? \_\_\_\_\_ Automatic Doors? \_\_\_\_\_
- (ii) Who maintains? \_\_\_\_\_

Is Airport completely fenced in?  Yes  No

- a.) Airport security is provided by: \_\_\_\_\_
- b.) Frequency of patrols: \_\_\_\_\_ Do they have separate insurance coverage?  Yes  No

Estimated number of aircraft movements this year for:

- a.) General aviation \_\_\_\_\_
- b.) Commuter airlines \_\_\_\_\_
- c.) Other airlines \_\_\_\_\_
- d.) Military \_\_\_\_\_
- TOTAL \_\_\_\_\_

Estimated number of enplaned passengers this year \_\_\_\_\_

Largest Aircraft using Airport \_\_\_\_\_ By \_\_\_\_\_  
Make & Model Name of Operator

Runways:

	HEADING	LENGTH	WIDTH	SURFACE	DESCRIBE ALL OBSTRUCTIONS
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

List all Air Carriers using the Airport

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRODUCTS/COMPLETED OPERATIONS**

Does Applicant engage in:

	YES/NO	GROSS SALES LAST YEAR	ESTIMATED THIS YEAR
a.) Aircraft Fueling	_____	\$ _____	\$ _____
Gallons		_____ gal	_____ gal
b.) Aircraft Maintenance/Repairs	_____	\$ _____	\$ _____
c.) Aircraft Parts/Accessories Sales	_____	\$ _____	\$ _____
d.) Cargo/Baggage Handling or Storage	_____	\$ _____	\$ _____
e.) Jetway or Planemate Operation	_____	\$ _____	\$ _____
f.) Passenger or Baggage Security Operations	_____	\$ _____	\$ _____
g.) Aircraft Towing	_____	\$ _____	\$ _____
h.) Aircraft De-icing	_____	\$ _____	\$ _____
j) Restaurant/Vending Machine Operations	_____	\$ _____	\$ _____
j) Airline ground support services	_____	\$ _____	\$ _____
k) Control Tower	_____	\$ _____	\$ _____
l) Other _____	_____	\$ _____	\$ _____
List All Other Operations			

**HANGARKEEPERS LIABILITY (AIRCRAFT IN YOUR CUSTODY FOR STORAGE/SAFEKEEPING/REPAIR/SERVICING)**

a.) No. of hangars \_\_\_\_\_ b.) No. of tie-down/parking spaces \_\_\_\_\_

c.) Describe each hangar \_\_\_\_\_  
(Show age, construction materials, size & if sprinklered) (Use extra papers to provide full description)

d.) Average value any one aircraft \$ \_\_\_\_\_ Average total \$ \_\_\_\_\_

e.) Maximum value any one aircraft \$ \_\_\_\_\_ Total all aircraft \$ \_\_\_\_\_

f.) Maximum value (i) any one hangar \$ \_\_\_\_\_ (ii) any on tie-down ramp \$ \_\_\_\_\_

	LAST YEAR	ESTIMATED THIS YEAR
g.) Gross sales for (i) Hangar rental/lease	\$ _____	\$ _____
(ii) Tie down rental/lease	\$ _____	\$ _____

**CONSTRUCTION, DEMOLITION & ALTERATIONS**

Contract costs this year for:

	RUNAWAYS	OTHER	DESCRIBE WORK
a.) By Applicant	\$ _____	\$ _____	_____
b.) By Independent Contractors	\$ _____	\$ _____	_____

Is there an owners controlled insurance program?  Yes  No Limit \$ \_\_\_\_\_

If No, minimum limit required of independent contractors \$ \_\_\_\_\_

Is applicant included as additional insured?  Yes  No

**CONTRACTUAL LIABILITY - CONTRACTS HELD WITH THE FOLLOWING OPERATIONS:**

Designated Contracts	MINIMUM REQUIRED LIMITS	IS APPLICANT HELD HARMLESS?	IS APPLICANT ADDITIONAL INSURED?
a.) Commuters & Airlines	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.) Fixed Base Operators	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.) Concessionaires	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.) Contractors	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.) Control Tower Operator	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.) Janitors, escalator maintenance, security	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.) Others _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.) Any contracts in which you assume the liability of others?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, attach copies of contracts.

**APPLICANTS VEHICLES:** Identify the number of vehicles owned by, operated by or leased to applicant.

Snow Removal equipment \_\_\_\_\_ Fuel trucks \_\_\_\_\_ Sweepers \_\_\_\_\_ Tugs \_\_\_\_\_  
 Crash-fire-rescue vehicles \_\_\_\_\_ Hydrant carts \_\_\_\_\_ Passenger cars \_\_\_\_\_ Pickup trucks \_\_\_\_\_  
 Passenger buses over 30 seats \_\_\_\_\_ Passenger buses 30 seats and under \_\_\_\_\_ Other \_\_\_\_\_

Describe any operation of vehicle off airport premises \_\_\_\_\_  
 \_\_\_\_\_

Does applicant maintain automobile liability coverage  Yes  No Limit? \_\_\_\_\_

**CLAIMS** List all claims for past 5 years - use separate paper to complete

DATE	CAUSE	SETTLED, INCLUDING ALL COSTS	OPEN, INCLUDING RESERVES FOR DEFENSE AND SETTLEMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT INSURANCE**

Name of Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverages: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

**COVERAGES & LIMITS REQUESTED**

<u>Coverage</u>	<u>Limits of Insurance</u>
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: \_\_\_\_\_  
 \_\_\_\_\_

**NON-OWNED AIRCRAFT:** Provide following information with respect to non-owned aircraft operated by or on behalf

of the airport: Does airport use non-owned aircraft on airport business? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, do employees pilot aircraft on airport business? \_\_\_\_\_ Yes \_\_\_\_\_ No Describe types of aircraft flown on airport business: \_\_\_\_\_  
 \_\_\_\_\_

	By Employees	By Others
Number of hours flown annually in all non-owned aircraft on applicant's business.	_____	_____
Number of hours flown in chartered aircraft.	_____	_____
Number of hours flown in rented / leased aircraft.	_____	_____
Number of hours flown in borrowed aircraft.	_____	_____

Provide current pilot experience forms for each employee pilot.

**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 AUTHORITIES."

**NOTICE TO MAINE APPLICANTS:** "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."

**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 NEW MEXICO 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 CIVIL FINES AND CONFINEMENT IN PRISON."

**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."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

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 will fill in this information)

Producer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_