



**AVIATION GENERAL LIABILITY
INSURANCE APPLICATION**

Applicant's Name: _____

Mailing Address: _____

Name of Airport: _____

Applicant is Individual Partnership Joint Venture Corporation Other: _____

Type of Business is: FBO FAA Certified Repair Station Hangar Owner Other: _____

Number of years in business: _____ Under this management: _____ At this location: _____

Number of employees: _____

PREMISES

List all buildings, hangars, ramps and all other premises to be insured: _____

Applicant occupies: All of Premises Part of Premises

Applicant is: Owner Tenant General Lessee of Premises

Who is responsible for maintenance of these premises? _____

Applicant Does Does Not have air shows, contests, or exhibitions on premises?

List all autos and mobile equipment such as aircraft tugs or fuel trucks used solely on the airport premises.

Is Applicant leasing hangar or office space to others? YES NO
If YES, list names of tenants: _____

OPERATIONS OF APPLICANTS:

(Please check all that apply and list annual gross receipts for each)

<input type="checkbox"/> Fuel Sales	\$ _____	<input type="checkbox"/> Engine Overhaul	\$ _____
<input type="checkbox"/> Tiedowns/Hangaring	\$ _____	<input type="checkbox"/> Painting	\$ _____
<input type="checkbox"/> Aircraft Repair/Service	\$ _____	<input type="checkbox"/> Leased Hangar space	\$ _____
<input type="checkbox"/> Helicopter Repair	\$ _____	<input type="checkbox"/> Any manufacturing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Other?	\$ _____

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

If YES, describe: _____

APPLICANT'S VEHICLES USED EXCLUSIVELY ON THE AIRPORT PREMISES: (Indicate number)

_____ Fuel Trucks	_____ Fork Lifts	_____ Baggage Carts
_____ Fire Engines	_____ Snow Removal	_____ Tugs
_____ Pickup Trucks	_____ Baggage /Cargo Loaders	
_____ Other (describe) _____		

FUELING ON PREMISES DONE BY APPLICANT? YES NO

If YES, check all that apply:

Fueled: _____ By Truck _____ Gas Pump _____ AVGas _____ Jet Fuel

Fuel Storage: _____ Underground _____ Above ground _____ Auto Fuel

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: \$ _____ Average number: _____

Maximum value in any one hangar: \$ _____ Describe hangars: _____

Tied down \$ _____ Number of tie downs: _____

Gross Receipt for Next 12 Months Hangar Rental: \$ _____

Tie downs: \$ _____

Towing: \$ _____

Does Applicant fly customer's aircraft? YES NO List all purposes of use: _____

Largest type aircraft flown: _____ Maximum value: \$ _____

Does Applicant maintain separate Non-Owned Aircraft Liability insurance? YES NO

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? YES NO Attach all contracts assuming liabilities of others. All attached

ADDITIONAL INSURED / APPLICANT'S CONTRACTUAL LIABILITY

List all who require to be Additional Insureds on your General Liability Insurance and describe relationship.

If there is a Contract, please attach a copy.

Name/Address: _____

Relationship: _____

Name/Address: _____

Relationship: _____

Do all Tenants name Applicant as an Additional Insured? YES NO

CLAIMS HISTORY – List all claims for past 5 years.

Date	Amount (including all expenses)	Circumstances
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Attach separate sheet if needed to fully complete.

COVERAGES & LIMITS REQUESTED

Policy period: From _____ until _____ both at 12:01 a.m. at the Applicant's address on the front page.

Coverage:	Description:	Limit of Insurance:
Coverage A	General Aggregate Limit (other than Products/Completed Operations)	\$
	Each Occurrence Limit	\$
	Products/Completed Operations Aggregate Limit	\$
	Fire Damage Limit (any one fire)	\$
Coverage B	Personal and Advertising injury Aggregate Limit	\$
Coverage C	Medical Expense Limit (any one person)	\$
Coverage D	Hangarkeeper's Liability Coverage	
	Each Aircraft Limit	\$
	Each Loss Limit	\$
	Deductible (each aircraft)	\$

POLICY DEDUCTIBLE

Each occurrence: \$ _____ Annual Aggregate: \$ _____

Other coverages, restrictions, endorsements: \$ _____

CURRENT INSURANCE

Name of Insurance Company: _____ Expiration Date: _____

Coverages: _____

Limits: _____ Deductible: \$ _____ Premium: \$ _____

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO D.C. APPLICANTS: WARNING: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

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 LOUISIANA 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 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 MARYLAND 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 may be guilty of insurance fraud.

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 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 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 criminal penalties.

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 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 also 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

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 conceal 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 civil and criminal penalties.

NOTICE TO TENNESSEE 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant's Signature

Today's Date

To Be Completed By Broker

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____