

AIRPORT LIABILITY INSURANCE APPLICATION

RETURN TO: All Access Aviation Markets, Inc.
11150 S. Trumbull Ave.
Chicago, IL 60655

PRODUCER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____

Check which is desired: Quotation Insurance

I. GENERAL INFORMATION:

APPLICANT _____

ADDRESS _____

APPLICANT IS: Individual(s) Corporation Partnership Other

Insurance is requested from _____, 20____ To _____, 20____

Name of Airport _____ located _____ miles _____ of _____

- 1 Applicant's Interest in Airport: _____ Owner _____ Lessor _____ Lessee _____ Trustee
_____ Other: Specify _____
- 2 Airport Budget: \$_____ Last 12 Months \$_____ Estimated Next 12 Months
- 3 FAA Airport Classification: _____
- 4 Airport Altitude: _____
- 5 Airport Manager: _____
- 6 Manager's Length of Experience in Airport Operations: _____
- 7 How long has the Applicant employed Manager? _____
- 8 List Certificate Restrictions & Exemptions: _____

II. PREMISES / OPERATIONS

1. Are there Control Tower Operations? Yes No If Yes, name operator: _____
Is Control Tower operation Full Time or Part Time? If Part Time, specify operating hours: _____
2. Does Airport operate Unicom Service? Yes No
3. Does the Airport own, lease or maintain any Nav aids, Radars, Windshear Detectors or Aircraft Communications Systems?
 Yes No If Yes, describe: _____
4. Does the Airport inspect or maintain runways, taxiways or ramps? Yes No If No, identify the inspection firm: _____
Frequency of Inspections: _____
5. Describe All Runways, Taxiways, Ramps:

	Heading	Length	Width	Surface	Describe All Obstructions
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

6. Does the Airport Maintain or Operate Fuel Storage Facilities? Yes No If Yes, are tanks above ground? Yes No

How often are tanks inspected? _____ By Whom: _____

7. Describe all non-aviation activities conducted on the Airport (include storage, lodging, industrial, etc.): _____

8. Does the Airport:

a) Maintain Air Crash Emergency Plan? Yes No

b) Maintain Anti Terrorist Plan? Yes No

c) Employ Medical Personnel? Yes No

If Yes, please describe: _____

d) Base firefighting vehicles on the airport at all times? Yes No

If No, what is distance to closest fire department station? _____ Miles

e) Maintain Bird Strike Prevention Program? Yes No

f) Operate Airport vehicles ON the Airport? Yes No

If Yes, please describe _____

g) Operate Airport vehicles OFF the Airport? Yes No

If Yes, please describe _____

h) Own, operate, use or maintain any off-premises locations for which coverage is requested? Yes No

If Yes, please describe all locations and uses: _____

i) Charge parking fees? Yes No No. of Spaces _____ Area of Parking Lot _____

j) Host or sponsor Air Shows, Contests or Exhibitions? Yes No If Yes, describe: _____

k) Operate any of the following:

Elevators Yes No How Many? _____ Who Maintains? _____

Escalators Yes No How Many? _____ Who Maintains? _____

Moving Sidewalks Yes No How Many? _____ Who Maintains? _____

Automated Passenger Trains Yes No How Many? _____ Who Maintains? _____

l) Employ janitorial service? Yes No

9. Is the Airport completely fenced? Yes No

Does the Airport maintain an Airport Security Patrol? Yes No If Yes, describe: _____

Is the Airport patrolled by local police? Yes No If Yes, how often? _____

10. Are there any active, inactive or abandoned dumps, landfills or aircraft salvage yards located on, adjacent to or nearby the Airport?

Yes No If Yes, Please provide details: _____

11. Estimated Number of Aircraft Landings:

	Last Year	This Year	Next Year (Est.)
General Aviation			
Commuter Airlines			
Other Airlines			
Military			
Total Landings			

12. Estimated Number of Enplaned Passengers: This Year _____ Next Year _____ (Estimated)

13. Largest Aircraft Using Airport: _____

Make & Model

Operated by: _____

14. List all scheduled carriers using the Airport: _____

III. PRODUCTS / COMPLETED OPERATIONS OF APPLICANT: (Indicate all operations and estimated gross receipts)

Does the Airport provide Any of the following?

	<u>Yes / No</u>	<u>Previous Year's</u>	<u>Current Year's</u>	<u>Next Year's Estimated</u>
		<u>Gross Sales</u>	<u>Gross Sales</u>	<u>Gross Sales</u>
A. Aircraft Fueling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
1) Airlines Including Commuters	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
2) Other Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
If Yes, frequency of fuel testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
B. Aircraft Maintenance & Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
C. Aircraft Parts or Accessory Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
D. Cargo / Baggage Handling or Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
E. Passenger Baggage or Security Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
F. Aircraft Towing (In or out of Hangars)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
G. Aircraft De-icing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
H. Restaurant or Vending Machines	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
I. Renting space for Retail or Service Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
J. Renting or Leasing Land or Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
K. Other Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

IV. CONSTRUCTION BY INDEPENDENT CONTRACTORS

Show Estimated Cost by type of construction expected during the next 12 months:

Runways & Taxiways \$ _____

All Others \$ _____

V. CONTRACTUAL LIABILITY

All written contracts and agreements must be submitted to the insurance company within 30 days of the date on which the Airport receives the document. Additional premium may be charged for the inclusion of such contract or agreement.

VI. HANGARKEEPERS LIABILITY

1) Does the Airport have any non-owned aircraft in its custody for storage, safekeeping, repair and / or servicing? Yes No
If Yes, then complete the following questions:

2) Number of hangars: _____ Number of tie-down / parking spaces: _____

3) Describe each hangar providing age, construction material, size and fire sprinkler details: _____

4) Average value of ANY one Aircraft \$ _____

5) Average value of ALL Aircraft: \$ _____

6) Maximum value of ANY one Aircraft \$ _____

7) Maximum value of ALL Aircraft \$ _____

8) Maximum value in ANY one hangar \$ _____

Maximum value on ANY one tie-down ramp \$ _____

9) Rental / Leasing Operations	<u>Current Year</u>	<u>Last Year</u>
a) Gross revenues for hangar rental or lease	\$ _____	\$ _____
b) Gross revenues for tie-down rental or lease	\$ _____	\$ _____

VIII. LOSS HISTORY

List ALL claims occurring during the past 5 years other than those associated with Workers Compensation. Attach separate sheet(s) if necessary. Attach loss runs provided by your insurance company if available.

DATE OF LOSS	DESCRIPTION OF LOSS	PAID	CLAIMS DATA	
			OUTSTANDING RESERVES	EXPENSES
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Are loss amounts shown above reduced by a deductible? Yes No If Yes, specify amount \$ _____

Are loss amounts shown above reduced by a self-insured retention? Yes No If Yes, specify amount \$ _____

Has any Insurer cancelled, declined or refused to renew the Applicant's Insurance? Yes No If Yes, explain: _____

IX. CURRENT INSURANCE

Name of current Insurer: _____

Expiration Date of current coverage: _____

Current Policy Limits: \$ _____ Premium: \$ _____

X. REQUESTED COVERAGE AND LIMITS

1. Limit A. Combined Single Limit \$ _____

B. Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence

Property Damage \$ _____

2. Requested Coverage(s):

 Premises & Operations Products & Completed Operations Contractual Liability Owners & Contractors Protective Premises Medical Payments \$ _____ Per Person

\$ _____ Per Occurrence

 Personal Injury Including OR Excluding Advertising Liability Hangarkeepers Liability \$ _____ Per Person

\$ _____ Per Occurrence

Other (specify): _____

I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I/we agree that this application shall be a basis of my acceptance by W. Brown & Associates Insurance Services. **FRAUD WARNING:** 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 such person to criminal and civil penalties.

Applicant's Signature: _____ Date: _____

Printed Name: _____ Title: _____

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

**STATE FRAUD WARNINGS
PLEASE READ CAREFULLY**

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 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 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 purposes 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 any 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 the risk may be found guilty of 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 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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

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 WEST VIRGINIA 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.

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.