

**All Access Aviation Markets, Inc.**

11150 S. Trumbull Ave.  
Chicago, IL 60655

**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: \_\_\_\_\_