



COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION - AIRPORT TENANTS (FBO)

(Check which is desired) A QUOTATION INSURANCE POLICY RENEWAL POLICY

Name of Applicant

Address

Applicant is: Individual Corporation Partnership LLC Other

Whose business is

Coverage to be effective from _____ to _____ Present Insurance expires

Name of Airport Identifier located _____ miles of _____

APPLICANT'S OCCUPANCY: Entire Part

APPLICANT IS: Tenant General Lessee Airport Owner

BUSINESS OWNER'S NAME: _____ Owner Status Absentee? Active Owner/Full Time

IF BUSINESS OWNER IS ABSENT, WHO MANAGES THE BUSINESS?

EMPLOYEE STATUS: CONTRACTED? YES NO FULL TIME? YES NO PART TIME? YES NO

LIMITS OF LIABILITY – Check box for Coverages desired: PREMISES PRODUCTS COMPLETED OPERATIONS

Liability Coverage State Limits of Liability Desired	PREMISES		COMPLETED OPERATIONS & PRODUCTS		GROUND HANGARKEEPERS LIABILITY
	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	EACH AIRCRAFT
Bodily Injury Liability	_____	_____	_____	_____	_____
Property Damage Liability	XXXX	_____	XXXX	_____	EACH LOSS _____
Bodily Injury and Property Damage	_____	_____	_____	_____	<input type="checkbox"/> INCL. TAXI <input type="checkbox"/> EXCL. TAXI DEDUCTIBLE \$_____ PISTON A/C \$_____ TURBINE A/C EACH LOSS, EACH AIRCRAFT

OPERATIONS OF APPLICANT – indicate all operations and estimated annual gross receipts.

Does applicant perform any:	Engine overhauls	<input type="checkbox"/> YES <input type="checkbox"/> NO	Propeller overhauls	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Major airframe structural repairs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Aircraft painting	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Fuel & Lubricants	\$ _____	Aircraft Repairs/Serviceing	\$ _____	Auto Parking	\$ _____
Tie Down & Hangaring	\$ _____	Avionics Repairs	\$ _____	Helicopter Repairs	\$ _____
Landing Fees	\$ _____	Aircraft Charter	\$ _____	Homebuilt/Exp. Repairs	\$ _____
Sale of New Aircraft	\$ _____	Rental & Instruction	\$ _____	Engine Overhaul	\$ _____
Sale of Used Aircraft	\$ _____	Helicopter Repairs	\$ _____	Propeller Repair	\$ _____
Aircraft Parts New/Not Installed	\$ _____	Food & Beverages	\$ _____	Other:	\$ _____
Aircraft Parts Used	\$ _____	Pilot Supplies	\$ _____	Other:	\$ _____
Agricultural Ops	\$ _____	Aircraft Painting	\$ _____	Total	\$ _____

(Use separate sheet if necessary)

Are any Aircraft (other than single engine or piston multi-engine) maintained, serviced or repaired by applicant? YES NO

If **YES**, specify number and type:

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service or inspection of aircraft under your supervision? YES NO

Highest value of aircraft maintained, serviced or repaired by applicant:

TIE DOWN & HANGARING by APPLICANT – Are aircraft of others taxed, towed or moved by applicant?

YES NO

Who provides tie down ropes/chains, etc.?

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	\$ _____
Number of: Ultra-light a/c	_____	Helicopters	_____		

Do you require Hangar Tenants to carry insurance? YES NO

If **YES** does their insurance policy name the Owner as an additional insured? YES NO

Do you require Tenants to sign a hangar agreement holding you harmless for losses not caused by you? YES NO

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:

(a) Who is responsible for Fuel & Equipment Maintenance?

(b) Who receives profit from Sales?

Provide Copy(ies) of Contracts, if other than the Insured.

Annual Gallonage: **Airline** _____ gallons **General Aviation** _____ gallons **Military** _____ gallons

Type of fuel sold: AVGAS JET FUEL AUTO FUEL

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

Annual Gallonage of Turbine Engine Fuel: _____ gallons

Does applicant refuel/defuel any scheduled airlines? **YES** **NO**

If **YES**, describe type aircraft and number fueled per day _____

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

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

Fuel Trucks _____ Snow Removal _____ Fire Engines _____ Tugs _____

Mowers _____ Pickup Trucks _____ Passenger Cars _____ Other _____

State number of: Elevators _____ Escalators _____ Moving Sidewalks _____

State number of Aircraft owned or operated by applicant _____ number of Helicopters _____

ARE ANY VEHICLES OPERATED OFF AIRPORT? **YES** **NO**

If **YES** explain.

CONTRACTS

Has applicant entered into any written agreements assuming the liability of others, such as a lease of premises, fuel supplier, equipment leases, etc.? **YES** **NO** (attach copies)

Does applicant use contracts for hangaring, tie down service, etc.? **YES** **NO** (attach copies)

CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated cost by type of construction

Runways & Taxiways	\$_____ next year	\$_____ next three years
All others (describe) _____	\$_____ next year	\$_____ next three years

AIRPORT DESCRIPTION – Elevation is _____ ft. Longest runway is _____ ft.

Number of aircraft based at airport: Airline _____ General Aviation _____ Military _____

Runway construction: Concrete Turf Gravel Blacktop Other

Are runways lighted? **YES** **NO**

Is aircraft traffic controlled? **YES** **NO** By: Tower Unicom Operated by:

Is there an airport manager? **YES** **NO** Employed by:

Is manager on premises during hours of operation? **YES** **NO** Hours of operation _____ to _____

Fire station located at airport? **YES** It is _____ miles from the airport **NO**

Is airport fenced? **YES** **NO** Who maintains the airport?

Does the applicant own, operate or maintain any navigational aids? **YES** (describe) **NO**

If applicant is Owner or General Lessee, complete the following:
 Airport Manager is: Employee of applicant Independent Contractor (furnish copy of contract)

Any Recreational or other Non-Aviation facilities or use of Airport premises? **YES** (describe) **NO**

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 Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer

Does applicant participate in the National Air Transportation Association (NATA) Safety First Program? **YES** **NO**

Has applicant had any aircraft / aviation losses, claims or incidents during the last five years? **YES** **NO**
 (Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred)
 Explain

Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? **YES** **NO**
(Not applicable in the following states: Missouri)
 Explain

Name of Last or Present Aviation Insurance Company:

How many years in business under same management? _____ If less than 5 years, give description of owner's / managers experience.

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.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA; VT; WA; WV)

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.

Arkansas – 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.

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.

District of Columbia - 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.

Florida - 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 of the third degree.

Hawaii – 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.

Kentucky – 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.

Louisiana – 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.

Maine – 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.

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

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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.

New York – 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 subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – 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.

Oregon – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania – 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.

Tennessee - 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.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - 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.

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 include imprisonment, fines and denial of insurance benefits.

West Virginia – 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.

Date _____

Applicant's Signature _____

All Owners Must Sign

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.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer Signature _____

Producer:

Address:

City:

State:

Phone No.:

Fax No.:

Are you licensed in the state where the risk is located as: Surplus Lines Broker License No.:

Agent License No.:

By the Company of Issue YES NO