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## APPLICATION FOR AVIATION GENERAL LIABILITY INSURANCE

Insurance coverage is requested from: 12:01 A.M. \_\_\_\_\_ 20\_\_\_\_ to 12:01 A.M. \_\_\_\_\_ 20\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant is:  Corporation  Individual  Partnership  Joint Venture  Other (Describe): \_\_\_\_\_

Business of Applicant: \_\_\_\_\_

### PREMISES – OPERATIONS

1. Description & Location of premises to be insured: \_\_\_\_\_
2. Applicant's interest in premises:  Owner  Lessee  Other (Describe) \_\_\_\_\_
3. Applicant's occupancy is:  Entire  Part (Describe): \_\_\_\_\_
4. Description and location of premises or facilities used on a permanent, occasional or temporary basis in conjunction with the premises or business described above: \_\_\_\_\_
5. Does Applicant own, operate, use or maintain any off-airport premises?  YES  NO  
If "YES", describe all locations & uses: \_\_\_\_\_
6. Premises manager's name: \_\_\_\_\_
7. Manager's length of experience in aviation operations: \_\_\_\_\_
8. How long has manager been employed by applicant? \_\_\_\_\_
9. Do you lease space for or have any tenants that provide any type of services from your premises?  YES  NO  
If "YES", what services do they perform? \_\_\_\_\_  
What liability coverages do they carry? \_\_\_\_\_
10. Any **non-aviation activities** on airport premises?  YES  NO  
If "YES", describe: \_\_\_\_\_
11. Do you have liquor service, exercise room or swimming pool/spas at your premises?  YES  NO  
If "YES", describe: \_\_\_\_\_
12. Have you entered in to any contracts in which you assume the liability of others?  YES  NO  
If "YES", attach copies of contracts.
13. Is applicant responsible for inspection and maintenance of ramps, taxiways or runway?  YES  NO  
If "YES", describe: \_\_\_\_\_

### 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: \_\_\_\_\_



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Do you purchase primary liability coverage for these vehicles?  YES  NO

If Yes, what limit and with who: \_\_\_\_\_

Is there training or licensing program for drivers operating in aircraft movement areas?  YES  NO

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

**HANGARKEEPERS LIABILITY** (Aircraft in your custody for storage/safekeeping/repair/servicing)

1. Number of hangars: \_\_\_\_\_
2. Number of tie-down/parking spaces: \_\_\_\_\_
3. Describe each hangar (show age, construction materials, size, and if sprinklered. Use extra sheet if necessary to provide full description.) \_\_\_\_\_
4. Average value anyone aircraft: \$ \_\_\_\_\_ Average total: \$ \_\_\_\_\_
5. Maximum value any one aircraft: \$ \_\_\_\_\_ Total all Aircraft \$ \_\_\_\_\_
6. Maximum value any one hangar: \$ \_\_\_\_\_ Maximum value any one tie-down ramp: \$ \_\_\_\_\_
7. Gross sales for:
 

	Last Year	Estimated This Year
Hangar rental/lease	\$ _____	\$ _____
Tie down rental/lease	\$ _____	\$ _____
8. Do you move, tow or marshal aircraft?  YES  NO
9. Do you participate in any ground handling training program?  YES  NO If "YES" describe: \_\_\_\_\_

**PRODUCTS/COMPLETED OPERATIONS**

**Sale of Aircraft**

	Gross Sales Last Year	Estimated This Year
Used Piston Aircraft & Rotorwing	\$ _____	\$ _____
New Piston Aircraft	\$ _____	\$ _____
Turbine Fixed Wing	\$ _____	\$ _____

**Sale of Parts Not Installed**

	Gross Sales Last Year	Estimated This Year
New parts	\$ _____	\$ _____
Used Parts	\$ _____	\$ _____
Rotorwing Parts	\$ _____	\$ _____

**Sale of Fuel and Oil (Gallonage)**

	Gallons Last Year	Gallons Estimated
Into Plane/Retail-		
Piston	_____	_____
Turbine	_____	_____
Pumping Fee	_____	_____
Fuel Distributor (No aircraft contact/No refining)	_____	_____



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**Aircraft Device**

	Gross Sales Last Year	Estimated This Year
General Aviation Aircraft	\$ _____	\$ _____

**Repair & Services**

	Gross Sales Last Year	Estimated This Year
Avionics/Interior Cleaning	\$ _____	\$ _____
Aircraft Exterior Cleaning	\$ _____	\$ _____

**General Maintenance/ Annual Inspection**

	Gross Sales Last Year	Estimated This Year
Piston	\$ _____	\$ _____
Turbine	\$ _____	\$ _____
Rotorwing	\$ _____	\$ _____
Military	\$ _____	\$ _____

**Heavy Maintenance / Engine Removal**

	Gross Sales Last Year	Estimated This Year
Piston	\$ _____	\$ _____
Turbine	\$ _____	\$ _____
Rotorwing	\$ _____	\$ _____
Military	\$ _____	\$ _____

**Major Repair/ Engine Overhaul/Airframe Modification**

	Gross Sales Last Year	Estimated This Year
Piston	\$ _____	\$ _____
Turbine	\$ _____	\$ _____
Rotorwing	\$ _____	\$ _____
Military	\$ _____	\$ _____

**Component Overhaul**

	Gross Sales Last Year	Estimated This Year
Description: _____	\$ _____	\$ _____
Description: _____	\$ _____	\$ _____
Description: _____	\$ _____	\$ _____
Description: _____	\$ _____	\$ _____
Description: _____	\$ _____	\$ _____
Description: _____	\$ _____	\$ _____

**Aircraft Painting**

	Gross Sales Last Year	Estimated This Year
	\$ _____	\$ _____

**Sale of Airport Ground Equipment**

	Gross Sales Last Year	Estimated This Year
	\$ _____	\$ _____



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<b>Maintenance of Airport Ground Equipment</b>	\$ _____	\$ _____
<b>Catering Food and Beverage</b>	\$ _____	\$ _____
<b>Employee Leasing (Contract must be approved)</b>	\$ _____	\$ _____
<b>Airports Services/ Maintenance (GA Airport)</b>	\$ _____	\$ _____

1. Describe maintenance capabilities: \_\_\_\_\_
2. Do your mechanics attend formal schools?  YES  NO
3. Describe type of training received: \_\_\_\_\_
4. Number of on staff: Aircraft Mechanics: \_\_\_\_\_ Inspectors: \_\_\_\_\_
5. Describe any components that you overhaul: \_\_\_\_\_
6. Who owns fuel tank farms? \_\_\_\_\_
7. Who is responsible for fuel testing and quality assurance? \_\_\_\_\_
8. Is there a formal training program in fuel handling and aircraft fueling procedures?  YES  NO  
If "YES" describe: \_\_\_\_\_

**NON-OWNED AIRCRAFT**

1. Does applicant use non-owned aircraft on business?  YES  NO  
If YES, do employees pilot aircraft on business?  YES  NO
2. Describe types of aircraft flown on business and purpose: \_\_\_\_\_
3. Do you provide aircraft concierge service or arrange charter services for others?  YES  NO  
If "YES", describe usage/hours flown: \_\_\_\_\_
4. Does applicant sponsor or participate in any air shows, contests or exhibitions?  YES  NO  
If "YES", describe: \_\_\_\_\_

	<b>By Employees</b>	<b>By Others</b>
5. Hours flown annually in all non-owned aircraft on applicant's business.	_____	_____
6. Number of hours flown in chartered aircraft.	_____	_____
7. Number of hours flown in rented/leased aircraft.	_____	_____
8. Number of hours flown in borrowed aircraft.	_____	_____
9. Number of hours flown in aircraft worked upon.	_____	_____
10. Provide current pilot experience forms for each employee pilot.		

**LIMITS REQUESTED**

EACH OCCURRENCE LIMIT	\$ _____	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ _____	Any one premises
MEDICAL EXPENSE LIMIT	\$ _____	Any one person
PERSONAL & ADVERTISING INJURY AGGREGATE LIMIT	\$ _____	
GENERAL AGGREGATE LIMIT	\$ _____	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ _____	



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HANGARKEEPERS LIMIT

EACH AIRCRAFT LIMIT \$ \_\_\_\_\_

EACH LOSS LIMIT \$ \_\_\_\_\_

HANGARKEEPERS DEDUCTIBLE \$ \_\_\_\_\_ Each aircraft

**INSURANCE AND CLAIMS HISTORY**

Have you had any losses in the last 7 years?  YES  NO **If Yes, attach loss runs for the last 7 years minimum along with loss descriptions where needed.**

Name of current or last aviation liability insurance company: (if none, so state) \_\_\_\_\_

Policy expiration date: \_\_\_\_\_

**NOTICE TO 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 act, which is a crime, and subjects such person to criminal and civil penalties.

**NOTICE TO ARKANSAS AND 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 fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by and 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 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 DISTRICT OF COLUMBIA 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 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 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.



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**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 knowingly or willfully presents a false or fraudulent claim for payment or a loss or benefit or who knowingly or willfully 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 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 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 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 and false, incomplete or misleading information is guilty of a felony. (365: 15-1-10, 36 S.S. 3613.1)

**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, VIRGINIA AND WASHINGTON 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 UTAH APPLICANTS:** Any person, who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits,



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or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALL OTHER 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.

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.

All particulars herein are declared to be true and complete to the best of my/our 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 the insurer to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

Name of Agent or Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Are you the holding producer?  Yes  No, If Yes, for how many years? \_\_\_\_\_