**RENEWAL QUESTIONNAIRE**

**AIRPORT LIABILITY INSURANCE**

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| **Name of Policyholder:**  |
| Address:       |
| Insurance is requested from 12:01 A.M.       to 12:01 A.M.       (local time at address of policyholder) |

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| Are any changes in or alternate quotes requested for: [ ]  Coverages? [ ]  Limits? [ ]  Deductibles? If so, describe:       |
| Is insurance being requested by public bid? [ ]  Yes [ ]  No If “Yes”, attach complete bid specifications. |

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| Has the policyholder signed any agreements assuming liability of others since last reported? [ ]  Yes [ ]  No If “Yes”, attach copies of agreements. |
| Description and location of other premises or facilities used permanently, occasionally or on a temporary basis on conjunction with airport or business that has not been previously reported:       |
| Any change in airport management at the previously reported locations? [ ]  Yes [ ]  No If “Yes”, answer the questions below:  Location:       Airport Manager’s Name:       Manager’s length of experience in airport operations:        How long has manager been employed by policyholder?       |
| Any additional elevators, escalators, moving sidewalks, electric doors or passenger trams in operation at the since last reported? [ ]  Yes [ ]  No  If “Yes”, describe:       |

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| **Airport Additions:** Only complete this section if there is an additional airport location you would like to insure. |
| **Name and Location of Airport**  | **Interest in Premises** | **Occupancy** | **Certified FAA Part 139 Airport?** | **If not a Part 139 Airport, is the airport completely fenced?** |
| Airport 1:      | [ ]  Owner [ ]  Lessee [ ]  Other (Describe)       | [ ]  Entire [ ]  Part (Describe)        | [ ]  Yes [ ]  No |  [ ]  Yes [ ]  No  |
| Airport Manager:       | Manager’s Year of Experience in Airport Operations       | Length of Employment with Policyholder       |
| **Does this additional airport premises contain:**  | **Quantity** | **Maintained by** |
| Elevators? | [ ]  No | [ ]  Yes. Please describe: |       |       |
| Escalators? | [ ]  No | [ ]  Yes. Please describe: |       |       |
| Moving sidewalks? | [ ]  No | [ ]  Yes. Please describe: |       |       |
| Electric doors? | [ ]  No | [ ]  Yes. Please describe: |       |       |
| Passenger trams? | [ ]  No | [ ]  Yes. Please describe: |       |       |

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| **Mobile Equipment:** | Describe any vehicles or mobile equipment (not insured elsewhere) operated by policyholder and not previously reported: |
| **Location** | **Type** | **Special Equipment** | **Quantity** | **Location** | **Type** | **Special Equipment** | **Quantity** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
| Are any of the above vehicles or mobile equipment licensed for use on, or used on, public roads? [ ]  Yes [ ]  No  If “Yes”, please describe:       |

 **Are there any:**

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| Airshows, contests or exhibitions held at the airport? [ ]  Yes [ ]  No If “Yes”, please describe:       |
| Who provides airshow insurance?       Is policyholder an insured under airshow policy? [ ]  Yes [ ]  No |
| What coverages and limits are provided?       |
| Uses of non-owned aircraft on airport business, either chartered or piloted by airport employees? [ ]  Yes [ ]  No If “Yes”, please describe usage or attach non-owned aircraft application:       |

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| **Airport Traffic** | **Last Year (Actual)** | **This Year (Actual/Estimated)** | **Next Year (Estimated)** |
| Total annual number of airline passenger enplanements and deplanements: |       |       |       |
| Annual aircraft operations (Take-offs and Landings):  |
|  Airlines/Commuter: |       |       |       |
|  General Aviation/Air Taxi: |       |       |       |
|  Cargo: |       |       |       |
|  Military: |       |       |       |
| **Total:** |       |       |       |
| Largest aircraft type regularly using the airport:       |
| Who is the operator?       |

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| **Does the policyholder engage in:** | **If applicable, please provide annual sales receipts for:** |
| Last Year (Actual) | This Year (Estimated/Actual) | Next Year (Estimated) |
| **Fueling Operations?** |
| Sale of Fuel: | [ ]  Yes [ ]  No | $      | $      | $      |
| Sale of Oil: | [ ]  Yes [ ]  No | $      | $      | $      |
| Oil Company Training: (If so, how often and where?) | [ ]  Yes [ ]  No |       |
| NATA Safety First Training: | [ ]  Yes [ ]  No | $      | $      | $      |
| Airline (except Regional – Regional Gallons (if any) should be included above): | [ ]  Yes [ ]  No | $      | $      | $      |
| Fuel storage, wholesaling or flowage arrangements: | [ ]  Yes [ ]  No | $      | $      | $      |
| Operation or ownership of fuel trucks, tanks or fuel hydrant system: | [ ]  Yes [ ]  No | $      | $      | $      |
| **De-Icing?** |
| Airline Equipment: | [ ]  Yes [ ]  No | $      | $      | $      |
| Non - Airline Equipment: | [ ]  Yes [ ]  No | $      | $      | $      |

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| **Does the policyholder engage in:** | **If applicable, please provide annual sales receipts for:** |
| Last Year (Actual) | This Year (Estimated/Actual) | Next Year (Estimated) |
| **Airline Servicing?** |
| Security & Screening: | [ ]  Yes [ ]  No | $      | $      | $      |
| Caterers & Cleaning: | [ ]  Yes [ ]  No | $      | $      | $      |
| Baggage Handling: | [ ]  Yes [ ]  No | $      | $      | $      |
| Cargo: | [ ]  Yes [ ]  No | $      | $      | $      |
| **Aircraft Products/Completed Operations?** |
| Sale of New Aircraft: | [ ]  Yes [ ]  No | $      | $      | $      |
| Sale of Used Aircraft: | [ ]  Yes [ ]  No | $      | $      | $      |
| Sale of Parts (not installed): | [ ]  Yes [ ]  No | $      | $      | $      |
|  If “Yes”, Manufacturer New Parts Only: | [ ]  Yes [ ]  No |       |
|  Yellow Tagged or After Market: | [ ]  Yes [ ]  No |       |
| Repair Service: | [ ]  Yes [ ]  No | $      | $      | $      |
| Any Maintenance Performed on Piston-Engine Aircraft: | [ ]  Yes [ ]  No | $      | $      | $      |
| Pre-Buy Inspections: | [ ]  Yes [ ]  No | $      | $      | $      |
| Airline Equipment: | [ ]  Yes [ ]  No | $      | $      | $      |
| **Sale of Food & Beverage?** | [ ]  Yes [ ]  No | $      | $      | $      |
| Vending Machines Only: | [ ]  Yes [ ]  No | $      | $      | $      |
| **Manufacture of any Products?** | [ ]  Yes [ ]  No | $      | $      | $      |
|  If ‘Yes”, provide details: |       |
| **Hangaring of Aircraft?** |
| Rental or Lease of Hangars or Tie Downs: | [ ]  Yes [ ]  No | $      | $      | $      |
| NATA Safety First Training: | [ ]  Yes [ ]  No | $      | $      | $      |
| Do you have Hangar Lease Agreement with your Tenants? If so, please provide a copy. | [ ]  Yes [ ]  No | $      | $      | $      |
|  Does it hold the policyholder harmless for damages in excess of at least $100,000? | [ ]  Yes [ ]  No | $      | $      | $      |
|  Does it hold the policyholder harmless for Diminution of Value and Loss of Use/ Loss of Profits? | [ ]  Yes [ ]  No | $      | $      | $      |
| Wood Frame Hanger: | [ ]  Yes [ ]  No | $      | $      | $      |
| Sloped Ramp Area: | [ ]  Yes [ ]  No | $      | $      | $      |
| Lektro Tugs Only: | [ ]  Yes [ ]  No | $      | $      | $      |
| Ramp Surveillance Video: | [ ]  Yes [ ]  No | $      | $      | $      |
| Hangar Surveillance Video: | [ ]  Yes [ ]  No | $      | $      | $      |
| Lineman Audio Headsets: | [ ]  Yes [ ]  No | $      | $      | $      |
| Average length of employment for lineman: |       |
| SOP 3 Wing Walkers and Tug: | [ ]  Yes [ ]  No | $      | $      | $      |

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| **Does the policyholder engage in:** | **If applicable, please provide annual sales receipts for:** |
| Last Year (Actual) | This Year (Estimated/Actual) | Next Year (Estimated) |
| **Hangaring of Aircraft? (continued)** |
| Towing, Moving, or Parking of Aircraft: | [ ]  Yes [ ]  No | $      | $      | $      |
| Maximum Value of Aircraft in policyholder’s Care, Custody or Control at any one time: | $      |
| Total Value of all Aircraft: | $      |
| **Premises Operations? -** If “Yes”, describe. **Description:** |
| Rental or Lease to Others of Land or Buildings: | [ ]  Yes [ ]  No |       |
| Rental of Premises to Others for Retail Stores or Services: | [ ]  Yes [ ]  No |       |
| Other Aviation Activities On or Off Airport Premises: | [ ]  Yes [ ]  No |       |
| Any Non-Aviation Activities On or Off Airport Premises: | [ ]  Yes [ ]  No |       |
| Operation of UNICOM: | [ ]  Yes [ ]  No |       |
| Operation of control tower: | [ ]  Yes [ ]  No |       |
| Ownership and/or maintenance of navaids, windshear detectors, or aviation communications equipment: | [ ]  Yes [ ]  No |       |
| Ownership or use of runway anti-skid or deicing equipment, or icing/runway temperature/chemical mix monitoring systems, or braking action measurement equipment: | [ ]  Yes [ ]  No |        |

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| **During the next year will the policyholder be involved in:** | **If applicable, estimated costs of work to be performed by:** |
| Policyholder | Contractor |
| New constructions? | [ ]  Yes [ ]  No | $      | $      |
| Structural Alterations? | [ ]  Yes [ ]  No | $      | $      |
| If “Yes”, describe construction, dates of airport closure, etc.:       |

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| Loss experience: List all claims for the last five years. Attach separate sheet if necessary.       |
| Is there any other pertinent information, or any other changes in exposure which materially affect this risk? [ ]  Yes [ ]  No  If “Yes”, describe:       |

**FRAUD STATEMENTS**

**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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

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

**APPLICABLE IN 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.

**APPLICABLE IN FLORIDA and OKLAHOMA**

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 FL, a person is guilty of a felony of the third degree).

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and 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 may include imprisonment, fines or a denial of insurance benefits.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

**APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policyholder’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE POLICYHOLDER LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.** |

**THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.**

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| Name of Insurance Producer:       |
| License State:        | State License Number:       |
| Address:       |
| For how long have you been designated this policyholder’s Broker of Record?       |