**APPLICATION FOR FIXED BASE OPERATOR
AVIATION GENERAL LIABILITY INSURANCE**

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| **Name of Applicant:**       |
| Address:       |
| Business of Applicant:       |
| Form of Business: [ ]  Corporation [ ]  Individual [ ]  Partnership [ ]  Joint Venture [ ]  Other (Describe)  |
| Insurance is requested from:12:01 A.M.to 12:01 A.M.(local time at address of applicant) |

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| **Coverages Requested** | **Limits of Insurance** | **Deductibles** |
| Bodily injury and property damage liability:Including Products-Completed Operations [ ]  Yes [ ]  No | $       Each occurrence | $       Per claim | $       Per occurrence |
| Personal and advertising injury liability: | $       Aggregate | $       Per claim | $       Per offense |
| Fire Damage: | $       Any one fire | ------------------- | ------------------- |
| Medical payments: | $       Each person | ------------------- | ------------------- |
| Hangarkeeper’s liability: | $       Each loss | $       Per loss |
| $       Each aircraft | $       Per aircraft |
| What additional insured, waiver, indemnification, hold harmless or other contractual provisions are required?       |
| Are any alternate quotes requested for: [ ]  Coverages? [ ]  Limits? [ ]  Deductibles? If so, describe:       |

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| Description and Location of premises to be insured:       |
| Applicant’s interest in premises: [ ]  Owner [ ]  Lessee [ ]  Other (Describe)       |
| Applicant’s occupancy is: [ ]  Entire [ ]  Part (Describe)  |
| Description and location of other premises or facilities used on a permanent, occasional or temporary basis in conjunction with the premises or business described above:       |
| Premises manager’s name:       |
| Manager’s length of experience in aviation operations:  How long has the manager been employed by applicant?       |

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| Description and location of other premises or facilities used on a permanent, occasional or temporary basis in conjunction with the premises or business described above:       |

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| **Do the applicant’s premises contain:**  | Quantity | Maintained by |
| Elevators? | [ ]  Yes | [ ]  No |       |       |
| Escalators? | [ ]  Yes | [ ]  No |       |       |
| Moving sidewalks? | [ ]  Yes | [ ]  No |       |       |
| Electric doors? | [ ]  Yes | [ ]  No |       |       |
| Passenger trams? | [ ]  Yes | [ ]  No |       |       |

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| Is the applicant responsible for inspection and maintenance of ramps, taxiways or runways? [ ]  Yes [ ]  No  If “Yes”, please describe:       |
| Who is responsible for snow removal (if applicable)?        |
| Who owns fuel tank farms?       |
| Who is responsible for their operation and maintenance?       |
| Who is responsible for fuel testing and quality assurance?       |
| Is there a formal training program in fuel handling and aircraft fueling procedures? [ ]  Yes [ ]  No  If “Yes”, please describe:       |
| Fuel tanks are located: | [ ]  Above ground | Name of Underground Storage Tank (UST) insurance company:       |
|  | [ ]  Below ground | Name of Environmental Impairment Liability insurance company:       |
| Are there any active, inactive or abandoned dumps, landfills, or aircraft salvage yards on, adjacent to, or near premises? |  [ ]  Yes [ ]  No |
|  If “Yes”, describe:        |

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| **Does applicant sponsor or participate in any airshows, contests or exhibitions?** [ ]  Yes [ ]  No  If “Yes”, please describe:       |
| Who provides airshow insurance?       | Is applicant an insured under the airshow policy? | [ ]  Yes [ ]  No |
| What coverages and limits are provided?       |

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| Are non-owned aircraft used on applicant’s business, either chartered or piloted by applicant’s employees? [ ]  Yes [ ]  No  If “Yes,” describe usage or attach non-owned aircraft application:  |
| Do you use or anticipate using any non-owned aircraft with 25 or more seats? [ ]  Yes [ ]  No |

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| **Describe all vehicles (including mobile equipment and automobiles) operated by the applicant on airport premises. Indicate which have coverage on the applicant’s auto policy.** |
| Vehicle | Auto coverage? | Vehicle | Auto coverage? | Vehicle | Auto coverage? |
|       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |
|       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |
|       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |
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| Does the applicant’s auto insurance policy have any restrictions on vehicle operations on airports? | [ ]  Yes [ ]  No |
| Are any of the applicant’s vehicles or mobile equipment which are not covered on the applicant’s auto insurance operated off the applicant’s premise? | [ ]  Yes [ ]  No |
| Is there a training or licensing program for drivers operating in aircraft movement areas? | [ ]  Yes [ ]  No |

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| **Does the applicant 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 | $      | $      | $      |
| **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 |  |
|  If “Yes”, 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. |       |

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| **Does the applicant engage in:** | **If applicable, please provide annual sales receipts for:** |
| Last Year (Actual) | This Year (Estimated/Actual) | Next Year (Estimated) |
| **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 applicant harmless for damages in excess of at least $100,000? | [ ]  Yes [ ]  No | $      | $      | $      |
|  Does it hold the applicant 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 | $      | $      | $      |
| Towing, Moving, or Parking of Aircraft: | [ ]  Yes [ ]  No | $      | $      | $      |
| Maximum Value of Aircraft in Applicant’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 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 breaking action measurement equipment: | [ ]  Yes [ ]  No |        |

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| **During the next 12 months will the applicant be involved in:** | **If applicable, estimated costs of work performed by:** |
| Applicant | Contractor |
| New construction? | [ ]  Yes | [ ]  No | $       | $       |
| Structural alterations? | [ ]  Yes | [ ]  No | $       | $       |

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| **Insurance requirements for sub-tenants, vendors and other parties:** |
|  | Minimum liability limits you require them to carry: | Are you an additional insuredunder their policy? | Are you “held harmless” in your contract with them? |
| Fuel supplier: | $       | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
|  | Name of fuel supplier:       |
| Contractors: | $       | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Food/Liquor services: | $       | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Sub-tenants: | $       | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Other vendors (including security, parking and janitorial services): | $       | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Attach samples of applicant’s standard agreements or contracts with the sub-tenants or other parties. |
| Does applicant require all tenants and vendors to show proof of insurance (as appropriate)? | [ ]  Yes | [ ]  No |
| Are certificates of insurance maintained on file by applicant? | [ ]  Yes | [ ]  No |
| Has applicant signed any agreements assuming liability of others? | [ ]  Yes | [ ]  No |
|  If “Yes”, attach copes of agreements. |  |

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| **Is there any other pertinent information, or any potential changes in exposure which materially affect this risk?** | [ ]  Yes [ ]  No |
|  If “Yes”, describe:       |

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| **General Liability insurance now in effect:** |
| Carrier:       | Expiration Date:       |
| Coverages, limits and deductibles:       |
| Number of years applicant has been insured by current insurance company:       |

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| **Workers’ Compensation insurance now in effect:** |
| Insurance Company:       | Expiration Date:       |

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| Has any insurer cancelled or refused to renew the applicant’s insurance? NOT APPLICABLE IN MO | [ ]  Yes | [ ]  No |

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| **Loss Experience:** List all claims for the last five years, **other than** Workers’ Compensation claims. Attach separate sheet if necessary. Attach insurance company loss run, if available. |
|  |  | **Losses** |
| Date | Description | Paid | Reserved | Expenses | Total |
|       |       | $       | $       | $       | $       |
|       |       | $       | $       | $       | $       |
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|  |  |  |  |  **TOTAL** | $       |

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| Are loss amounts shown above reduced by a deductible? | [ ]  Yes | [ ]  No |
|  If “Yes”, describe deductible:        |
| Are loss amounts shown above reduced by a self-insured retention (SIR)? | [ ]  Yes | [ ]  No |
|  If “Yes”, describe SIR program:       |

 **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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.** |

**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 applicant’s Broker of Record?       |