



**FIXED BASE OPERATIONS
INSURANCE APPLICATION**

Insurance Provided by
Member Companies of
American International Group, Inc.

Applicant's Name: _____
 Mailing Address: _____
 Applicant is: Individual Partnership (Name all partners): _____ Government Body Estate Other: _____
 Business of Applicant: _____
 Number years in business: _____ Under this management: _____ At this location: _____ Number of employees: _____

AIRPORT DESCRIPTION

Name of Airport: _____ FAA Airport Designator: _____
 Applicant's Interest in Airport: Owner Lessee Lessor Other (describe): _____
 Airport is: Private Public Airport Field Elevation is: _____
 Longest Runway is: _____ feet Runway is: Paved Unpaved
 Airport Traffic is Controlled: NO YES, by: _____ Tower Unicom, Operated by: _____
 Is Airport Fenced? NO YES Is Airport Patrolled by Police? NO YES
 Non-Aviation Activities on Airport: Restaurant/Lodging Industrial Park Storage Farming Other: _____
 Does Applicant Maintain/Operate Fuel Storage Facilities? NO YES
 If YES, are they: Above Ground Below Ground
 Does Applicant Fuel Jet Aircraft or Regional Airlines? NO YES, by: Truck Island Pump

HANGARKEEPERS 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: \$ _____ Maximum number: _____
 Maximum value any one hangar: \$ _____ Describe hangars: _____
 Maximum value any one tie-down ramp: \$ _____ Number of tie-downs: _____
 Gross receipts for next 12 months hangar rental: \$ _____
 Tie-downs: \$ _____
 Towing: \$ _____
 Does Applicant fly customers aircraft? NO YES List all purposes of use: _____
 Largest type aircraft flown: _____ Maximum value: \$ _____
 Does Applicant maintain separate Non-Owned Aircraft Liability insurance? NO YES

PRODUCTS & COMPLETED OPERATIONS (Products & Services)

Total Gross Receipts (last 12 months): \$ _____ Estimated Total Gross Receipts (next 12 months) \$ _____
 Describe products and services: _____

 Types of aircraft worked on: _____
 Applicant is a dealer or distributor for: _____

PRODUCTS & COMPLETED OPERATIONS (Products & Services), continued

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR THE REPAIR OF:

Airframe & Components: \$ _____ Total: \$ _____ % Fixed Wing: _____ % Rotorwing: _____
 Engine & Components: \$ _____ Total: \$ _____ % Fixed Wing: _____ % Rotorwing: _____
 % Major Overhauls: _____
 % "Hot Section" Repairs: _____
 Avionics: \$ _____
 Propellers: \$ _____
 Rotorsystems: \$ _____

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:

Airframe Painting: \$ _____
 Sale of parts, not installed: \$ _____ NEW: \$ _____ USED: \$ _____
 Sale of fuel and oil (excluding Pumping Fees): \$ _____ Pumping Fees: \$ _____
 Does Applicant fuel/defuel any airlines? NO YES, type of aircraft: _____
 Sale of aircraft: NEW: \$ _____ USED: \$ _____
 Sale of food/beverages (including vending machines): \$ _____
 Sale of other items and services: \$ _____ Describe: _____
 Airline servicing (other than fuel): \$ _____ Describe: _____
 Has Applicant ever sold, serviced or repaired ultra-light or homebuilt aircraft? NO YES (describe): _____
 Professional Training Courses attended by your employees? _____

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? NO YES (Attach all contracts assuming liabilities of others) Attached

COVERAGES & LIMITS REQUESTED

POLICY PERIOD: From _____ until _____ both at 12:01 a.m. at the Applicant's address on the front page.

Coverages	Limits of Insurance
Commercial General Liability Coverage	\$ _____
General Aggregate Limit (other than Products/Completed Operations)	\$ _____
Products/Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Aggregate Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (any one fire)	\$ _____
Medical Expense Limit (any one person)	\$ _____
Hangarkeeper's Liability Coverage:	
Each Aircraft Limit	\$ _____
Each Loss Limit	\$ _____
Deductible (each aircraft)	\$ _____
TOTAL ADVANCE PREMIUM	\$ _____

POLICY DEDUCTIBLE

Each occurrence: \$ _____ Annual Aggregate: \$ _____

Other coverages, restrictions, endorsements: _____

PILOTS

Complete this section for each pilot employed by or contracted by you.

NAME	AGE	PILOT CERTIFICATE			PILOT HOURS			
		TYPE	RATINGS	S.E. FIXED	S.E. RET. GEAR	MULTI ENGINE	TOTAL LAST 180 DAYS	TOTAL FOR ALL TYPES
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

PILOTS, continued

Has any Pilot's Certificate ever been revoked? NO YES
 Issued with waiver? NO YES
 Has any pilot ever been involved in an aircraft accident or incident? NO YES
 Has any pilot ever been convicted of DUI during past 5 years? NO YES
 Has any pilot ever been convicted of a drug violation or convicted of a felony? NO YES
 If YES is answered to any of these questions, explain fully below. Use additional sheet if necessary. _____

AIRCRAFT LIABILITY AND PHYSICAL DAMAGE COVERAGES DESIRED

Bodily Injury Liability (Excluding Passengers) \$_____ Each Person \$_____ Each Occurrence
 Property Damage Liability \$_____ Each Occurrence
 Passenger Bodily Injury Liability \$_____ Each Person \$_____ Each Occurrence
 Single Limit _____ cluding Passengers N/A \$_____ Each Occurrence
 With Passengers Liability Limited internally to N/A
 Medical Payments Including Crew \$_____ Each Person \$_____ Each Occurrence
 \$_____ Each Person \$_____ Each Occurrence

SCHEDULE OF AIRCRAFT AND PHYSICAL DAMAGE COVERAGE DESIRED

Note: In box next to value of aircraft check if: **F** All Risks – Ground and Flight
G All Risks – Not-in-Flight

A/C #	FAA #	Make/ Model	Year Mfg.	Seats (incl. Crew)	Value of A/C	Coverage Desired	Flight Operations During Last/Next 12 Months				
							Approximate % Flown for Each Operation				
							Total # Hrs Flown	Instruction	Rental	Charter	Other
_____	_____	_____	_____	_____	_____	_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____	_____	_____	_____	_____	_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____	_____	_____	_____	_____	_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____	_____	_____	_____	_____	_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____	_____	_____	_____	_____	_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

Applicant is the sole owner of all aircraft except: _____ N# _____
 Lessor Name & Address: _____
 Describe any STC's, modifications or unrepaired damage: _____
 Describe any other aircraft owned by, rented or used by or on behalf of Applicant: _____
 Explain why coverage is not desired: _____

IF ANY AIRCRAFT ARE LEASED, Complete following as respects each owner.

NAME	AGE	PILOT CERTIFICATE		PILOT HOURS				
		TYPE	RATINGS	S.E. FIXED	S.E. RET. GEAR	MULTI-ENGINE	TOTAL LAST 180 DAYS	TOTAL FOR ALL TYPES
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

IF ANY AIRCRAFT ARE ENCUMBERED, Complete following.

A/C Number	Amount of Lein	Name & Address of Leinholder
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

OPERATION OF NON-OWNED AIRCRAFT DURING LAST / NEXT 12 MONTHS NOT LEASED BY YOU.

Estimated annual flight hours in aircraft owned by others: _____ / _____
 Passenger seating capacity of largest Non-Owned aircraft: _____ / _____
 Purpose of flying Non-Owned aircraft: _____
 Describe type of aircraft owned by others usually flown: _____
 Maximum value any one aircraft: \$ _____ Average value any one aircraft: \$ _____
 Limits of Coverage desired: \$ _____ \$ _____ Each aircraft \$ _____ Each occurrence

CLAIMS – List all claims for past 5 years. Use separate sheet if necessary to complete fully.			
DATE	CAUSE	SETTLED, INCLUDING ALL COSTS	OPEN, INCLUDING RESERVES FOR DEFENSE AND SETTLEMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 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 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 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 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 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 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 policy holder 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 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 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, 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 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 TENNESSEE AND 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 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 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 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 any false, incomplete or misleading information is guilty of a felony (365: 15-1-10, 36 S.S. 3613.1)

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.

_____ **Applicant Signature** _____ **Today's Date** _____

To Be Completed By Producer

Producer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____