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| LOGO | **GENERAL LIABILITY INSURANCE APPLICATION** |
| **APPLICANT INFORMATION** |
| **Name of Applicant:** |  |
| **Address:** |  |
| **Quotation for Airport Liability Insurance is requested for an annual period beginning:** | 3 |

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| **GENERAL INFORMATION** |
| Loc ID |  |
| Does the insured written agreements for hangaring aircraft? | **□ YES □ NO** |
| Has the insured entered into any other written agreements? - If YES, explain) | **□ YES □ NO** |
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| Is any construction anticipated within the next 12 months? - If YES, explain) | **□ YES □ NO** |
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| Has any Insurer cancelled, declined or refused to renew any Airport / Aircraft insurance? - If YES, explain) | **□ YES □ NO** |
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| Has Applicant had any Airport/Aviation losses/claims during the last five years? | **□ YES □ NO** |
| **Date Occurred** | **Description** | **Amount Paid** | **Reserved** | **Open/Closed** |
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| Website Links:  |

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| **COVERAGE** |
| **Coverage** | **Deductibles** |
| Premises Liability: $ Each Occurrence |  |
| Products/Completed Operations: $ Each Occurrence/Aggregate |  |
| Fire Legal Liability: $ Each Occurrence |  |
| Hangarkeepers Liability: $ Each Aircraft $ Each Occurrence |  |
| Premises Medical Payments: $ Each Person |  |
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| **OPERATIONS** |
| ***Indicate all operations and estimated annual gross receipts the insured engages in:*** |
| Aircraft Painting: | **$**  | Hangaring | **$**  | Auto Parking | **$**  |
| Aircraft Fueling | **$**  | Propeller Repair | **$**  | Aircraft Repair | **$**  |
| Engine Overhaul | **$**  | Charter | **$**  | **All other sources and receipts below:** |
| New Aircraft | **$**  | Instruction/Rental | **$**  |  | **$** |
| Used Aircraft | **$**  | Helicopter Repair | **$**  |  | **$**  |
| Parts Not Installed | **$**  | Restaurant/Vending | **$**  |  | **$** |
| ***Fueling:*** |
| Is fueling done on premises by the applicant? | **□ YES □ NO** |
| How is fueling done? |  |
| Are static lines attached during refueling operations? | **□ YES □ NO** |
| Are there any self-service fueling operations? | **□ YES □ NO** |
| Who is the fuel supplier? |  |
| ***Training:*** |
| Is Line Crew provided formal training? If yes, provide details. | **□ YES □ NO** |
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| Are you an active participant in the NATA Safety First program? | **□ YES □ NO** |

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| **EQUIPMENT***.* |
| Fuel Trucks: |  | Tugs: |  | Golf Carts: |  | Mowers: |  |
| Sweepers: |  | Elevators: |  | Aircraft: |  |
| Is the equipment on a scheduled maintenance program? | **□ YES □ NO** |

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| **STORAGE** |
| Average number of aircraft you hangar per month including maintenance? |  |
| Do you move aircraft from hangars you do not own? | **□ YES □ NO**  |
| Average value of any one aircraft in your care, custody, and control? | **$**  |
| Average value of all aircraft in your care, custody, and control? | **$**  |
| Max value of any one aircraft in your care, custody, and control? | **$**  |
| Max value of all aircraft in your care, custody, and control? | **$**  |

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| **ADDITIONAL INTERESTS** |
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| **REMARKS / ADDITIONAL INFORMATION** |
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| **Date:** |  | **Applicant’s Signature** |  |