

Airport Insurance Application

Fixed Base Operations

RETURN TO: Aviation Managers
W. Brown & Associates Insurance Services
4675 MacArthur Court, Suite 770
Newport Beach, CA 92660

PRODUCER: _____
ADDRESS: _____
CITY: _____ **STATE:** _____
PHONE: _____ **FAX:** _____

Check which is desired: Quotation Insurance

I. APPLICANT _____

ADDRESS _____

APPLICANT IS: Individual(s) Corporation Partnership Other

whose business is _____

Insurance is requested from _____, **20** _____ **To** _____, **20** _____

Name of Airport _____ located _____ miles _____ of _____

Applicant occupies what part of airport? Entire Portion (explain) _____

If applicant is General Lessee or Airport Owner: Are any ULTRALIGHT-PARACHUTING-AGRICULTURE activities on premises?

No Yes, if Yes, explain _____

II. OPERATIONS OF APPLICANT: *Indicate all operations and estimated gross receipts*

Aircraft Repair/Service \$ _____ Propeller Repair/Overhaul \$ _____

Fuel & Lubricants \$ _____ Aircraft Charter \$ _____

Engine Overhaul \$ _____ Rental & Instruction \$ _____

New Aircraft \$ _____ Helicopter Repair/Service \$ _____

Used Aircraft \$ _____ Auto Parking \$ _____

Aircraft Parts (not install) \$ _____ Aircraft Painting \$ _____

Tiedowns & Hangaring \$ _____ Restaurant \$ _____

List all other sources and receipts - use separate sheet if necessary
\$ _____ \$ _____

III. LIMITS OF LIABILITY: *Check box for coverage desired:* Premises Products/Completed Operations

LIABILITY COVERAGE State limits of liability desired	Each Person	Each Occurrence
Bodily Injury Liability	\$ _____	\$ _____
Property Damage Liability	XXXXXXXXXX	\$ _____
Single Limit Bodily Injury and Property Damage	XXXXXXXXXX	\$ _____
Ground Hangarkeepers Liability DEDUCTIBLE _____	\$ _____	\$ _____

IV. FUELING: On premises No Yes Done by Applicant No Yes Fueling is by truck hydrant gas pump gas pit
Annual gallonage: Airline _____ gallons; General Aviation _____ gallons; Military _____ gallons.

Type of fuel sold: AVGAS JET FUEL AUTO GAS

Fuel storage facilities: Underground _____ gallons; Above ground _____ gallons.

Annual Gallonage of Turbine Engine Fuel: _____ gallons.

Are static lines attached during all refueling operations? _____ Are U.L. approved fire extinguishers carried? _____

V. TIE DOWN & HANGARING BY APPLICANT - Are aircraft of others taxied, towed or moved by applicant? No Yes

Are any aircraft tied-out? _____ Type of tie-down facility _____

Average number of aircraft tied-out _____ Description of Storage Hangars _____

Average value of any one aircraft in custody of applicant _____ Maximum value of any one aircraft _____

Average value of all aircraft in custody of applicant _____ Maximum value of all aircraft _____

VI. CONTRACTS - Has applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? No Yes (attach copies)

IMPORTANT: PLEASE READ AND COMPLETE BOTH SIDES

VII. CONSTRUCTION by Independent Contractors – show estimated cost by type of construction expected during next 12 months.
 Runways & Taxiways \$ _____ All others (describe) _____ \$ _____

VIII. AIRPORT DESCRIPTION: Elevation is _____ ft. Longest runway is _____ ft.

Number of aircraft based at a irport: Airline _____ General Aviation _____ Military _____

Runway Construction: concrete turf gravel blacktop other _____; Are runways lighted? No Yes

Is aircraft traffic controlled? No Yes – by Tower Unicom – operated by: _____

Is there an airport manager? No Yes Employed by: _____

Is manager on airport premises during hours of operation? No Yes Hours of operation _____ to _____

Fire Station located at airport? No Yes It is _____ miles from the airport.

Is airport fenced? No Yes Who maintains the airport? _____

Is applicant is Owner of General Lessee – complete the following and enclose a map or FAA Form 29-A.

Airport Manager is: Employee of applicant Independent Contractor (*furnish copy of contract*)

Any recreational or other non-aviation facilities or use of airport premises? No Yes (*describe*)

List airlines and scheduled air taxis that will serve this airport during the next three years:

Total Estimated Arrival & Departures	Present Year	Next Year (Est.)	Following Year (Est.)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

IX. APPLICANTS VEHICLES – ELEVATORS AND AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:

Fuel Trucks _____, Sweepers _____, Snow Removal _____, Fire Engines _____, Tugs _____,

Hydrant Carts _____, Pick-up Trucks _____, Passenger Cars _____, other _____

State number of: elevators _____, escalators _____, moving sidewalks _____,

State number of aircraft owned or operated by applicant _____, number of helicopters _____

X. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE – Explain each “Yes”

Has applicant had any airport/aviation losses/claims during the last five years? No Yes _____

Has any insurer cancelled, declined or refused to renew any airport/aviation insurance No Yes _____

Name of last or present airport/aviation insurance company _____

I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I/we agree that this application shall be a basis of my acceptance by W. Brown & Associates Insurance Services.

FRAUD WARNING: 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.

Dated at _____, the _____ day of _____, 20 _____

Signature of applicant, or Authorized Executive _____

Title _____