

OLD REPUBLIC INSURANCE COMPANY



AVIATION OPERATIONS AND FIXED BASE OPERATORS LIABILITY INSURANCE APPLICATION

APPLICANT INFORMATION

Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Applicant is: Individual Corporation Holding Company Partnership Other (Describe) _____
 Business of Applicant: _____
 Website: _____
 Insurance Effective from: _____ to _____
 Your present insurance: Carrier: _____ Date: _____
 Interest of applicant: Tenant General Lessee Airport Owner Other (describe): _____
 Business Owner's Name: _____ Full-time Business? Yes No

AIRPORT DESCRIPTION

Name of Airport: _____ Identifier: _____
 Located _____ miles _____ (direction) of city.
APPLICANT'S OCCUPANCY: Entire Part
 Elevation is: _____ ft. Longest runway is: _____ ft.
 Number of aircraft based at airport: _____ Airline _____ General Aviation _____ Military _____
 Runway Construction: Concrete Turf Gravel Blacktop Other (Please Describe) _____
 Are runways lighted? Yes No
 Is aircraft traffic controlled? Yes No By: Tower Unicom Operated by: _____
 Hours of Operation: _____ a.m. to _____ p.m.
 Is there an airport manager? Yes No Employed by: _____ Independent Contractor
 Is manager on premises during hours of operation? Yes No *(Furnish a copy of the contract.)*
 Is a Fire Station located at airport? Yes No If no, how many miles away from airport? _____
 What percentage of the airport is fenced? _____ % Who maintains the airport? _____
 Does the applicant own, operate or maintain any navigational aids? Yes No
 If Yes, describe: _____

FUELING

On premise? Yes No
 Done by applicant? Yes No
 Fueling is by: Truck Hydrant Gas pump Gas pit Self-Serve Pump Facilities Other _____
 If Self-Serve Pump Facility: Who is responsible for Fuel & Equipment Maintenance? _____
Provide copy of contracts. Who receives profit from Sales? _____

Type of Fuel Annual Gallonage	Airline	General Aviation	Military	Applicants Usage
AVGAS	_____ gallons	_____ gallons	_____ gallons	_____ gallons
JET FUEL	_____ gallons	_____ gallons	_____ gallons	_____ gallons
AUTO FUEL	_____ gallons	_____ gallons	_____ gallons	_____ gallons

Fuel Storage Facilities: _____ Underground _____ gallons Above Ground _____ gallons
 Does applicant refuel/defuel any scheduled airlines? Yes No
 If Yes, describe type of aircraft and number fueled per day: _____

Name of Applicant: _____

HANGARKEEPERS AND GARAGEKEEPERS

Are aircraft of others taxied, towed, or moved by applicant? Yes No

Number of:	Tie down spaces		T-hangars		Multiple-aircraft hangars	
Number of aircraft:	Tied down		In T-hangars		In multiple-aircraft hangars	
Highest value a/c:	Tied down	\$	In T-hangars	\$	In multiple-aircraft hangars	\$
Total value all a/c:	Tied down	\$	In T-hangars	\$	In multiple-aircraft hangars	\$

Number of: Ultra-light a/c: _____ Helicopters: _____

Do you take automobiles of others into your care, custody, or control? Yes No

What is the highest value automobile? \$ _____

What is the total value of all automobiles at any one time? \$ _____

OTHER OPERATIONS OF APPLICANT - Indicate all operations and estimated annual gross receipts.

Fuel & Lubricant	\$	Aircraft Repairs	\$	Auto Parking	\$
Tie Down & Hangaring	\$	Avionics Repairs	\$	Agricultural Ops	\$
Landing Fees	\$	Aircraft Charter	\$	Homebuilt/Exp. Repairs	\$
New Aircraft	\$	Aircraft Charter Referrals	\$	Rental & Instruction	\$
Used Aircraft	\$	Helicopter Repairs	\$	Other:	\$
Aircraft Parts (not installed)	New	Food & Beverages	\$	Other:	\$
	Used	Pilot Supplies	\$	Total	\$

Are any aircraft - (other than single engine or multi-engine piston) maintained, serviced, or repaired by applicant? Yes No

If Yes, specify number and type: _____

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service, or inspection of aircraft under your supervision?

Describe: _____

Highest value of aircraft maintained, serviced or repaired by applicant: \$ _____

Does applicant perform any:

Engine overhauls	<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide total dollar amount: \$ _____
Propeller overhauls	<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide total dollar amount: \$ _____
Major airframe structural repairs	<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide total dollar amount: \$ _____
Aircraft painting	<input type="radio"/> Yes <input type="radio"/> No	If yes, please provide total dollar amount: \$ _____

AIR MEETS, CONTESTS, EXHIBITIONS - Our policy excludes Air Meets, Fly-In, Contests, and Exhibitions without prior agreement, but does not exclude "Static Displays." If you plan to have an Air Meet, Fly-In, Contest, or Exhibition, different conditions will apply.

Is applicant planning on having an Air Meet, Fly-In, Contest, or Exhibition? Yes No

If you plan to have an Air Meet, Fly-In, Contest, or Exhibition, please complete the corresponding supplementary form.

Below, list Airlines and scheduled Air Taxis that will serve this airport during the next three years:

Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers			
Airline Aircraft			
General Aviation Aircraft			
Military Aircraft			

Name of Applicant: _____

NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS

Number of hours per year when you use a Non-Owned Aircraft piloted by people other than employees of the Applicant and type of Aircraft and maximum seating: _____

Number of hours per year when employees of an Applicant use Non-Owned Aircraft on Applicant's business and type of Aircraft and maximum seating: _____

Maximum Hull Value \$ _____

Maximum Seating _____

Liability Limit Requested \$ _____

As respects above, each employee pilot must complete a Pilot History Form which may be obtained from your Agent.

MOBILE EQUIPMENT AND OWNED AIRCRAFT

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

Fuel Trucks		Snow Removal		Passenger Cars	
Mowers		Pickup Trucks		Fire Engines	
Tugs		Other (describe):			

State number of: Elevators: _____ Escalators: _____ Moving Sidewalks: _____

State number of: Aircraft owned or operated by applicant: _____ Number of helicopters: _____

CONTRACTS

Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel suppliers, equipment lease, etc.? Yes No

Does applicant use uniform customer contracts for hangaring, service, etc.? Yes No

Does applicant require "hold harmless" coverage? Yes No

Give details of minimum limits required from: Airlines \$ _____ FBO's \$ _____ Concessionaires \$ _____

Is applicant named as Additional Insured? Yes No

CONSTRUCTION BY INDEPENDENT CONTRACTORS - show estimated cost by type of construction

Runways & Taxiways Next Year: \$ _____ Next three years: \$ _____

All others Next Year: \$ _____ Next three years: \$ _____

Describe: _____

LIMITS OF LIABILITY

Coverages desired: Premises Products Completed Operations Hangarkeepers

Liability Coverage State limits of Liability Desired	Premises		Completed Operations & Products		
	Each Person	Each Occurrence	Each Person	Each Occurrence	Aggregate Limit
Bodily Injury Liability					
Property Damage Liability					
Bodily Injury and Property Damage					

Ground Hangarkeepers Liability	Each Aircraft	Each Occurrence	Deductibles	
Limits of Liability Desired			Piston	\$
			Turbine	\$
			Airline	\$
			EEL	\$

Name of Applicant: _____

MANAGEMENT

How many years in business under same management? _____

If less than five years, give description of owner's/managers experience or attach resume.

LOSS HISTORY

Has applicant had any airport/aircraft/non-owned aircraft/aviation liability losses claims incidents in the last 5 years? Yes No

If Yes, please provide:

Date of Loss	Description	Amount Paid	Amount Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$

The following question does not apply to Missouri Applicants.

Has any insurance carrier cancelled, declined, or refused to renew any airport/aviation insurance? Yes No

Explain:

COMMENTS

Name of Applicant: _____

FRAUD WARNINGS

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, CA, 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 CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 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.

All particulars herein are true and complete to the best of my 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 this Company to investigate all or any qualifications or statements contained herein.

Applicant Signature: _____ Date: _____

Name: _____ Title: _____

**Authorized representative of applicant must sign.
The Applicant's agent may not sign this Application for the Applicant.**

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to affect this insurance.

Producer Name: _____	State Producer License No. (Req. in FL)	<input type="text"/>
Street: _____		
City: _____	State: _____	Zip Code: _____
Phone _____	Fax: _____	
Signature: _____		Date: _____