

## AIRPORT LIABILITY APPLICATION

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Effective from \_\_\_\_\_ until \_\_\_\_\_ both at 12:01 a.m. standard time at the address above.

Applicant is:      Government      Corporation      Partnership (Name all partners): \_\_\_\_\_

Other (describe): \_\_\_\_\_

### GENERAL INFORMATION

Name & location of this Airport: \_\_\_\_\_ 3-Letter IATA airport code: \_\_\_\_\_

Applicant interest in Airport is:      Owner      Lessor      Lessee      Other (describe): \_\_\_\_\_

If Applicant is Government:

A. Does airport board/authority/commission or transportation authority operate airport?	YES	NO
B. Does applicant submit airport insurance for public bid annually?	YES	NO
C. Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers?	YES	NO

FAA Airport Classification: \_\_\_\_\_ Airport altitude: \_\_\_\_\_

List certificate restrictions and exemptions: \_\_\_\_\_

### PREMISES – OPERATIONS

Control Tower Operation:      No Control Tower      FAA Tower      Other – operated by: \_\_\_\_\_

Operating Days/Hours are: \_\_\_\_\_

Applicant      Does      Does Not Operate Unicom Service

Are any nav aids, radars, wind shear detectors or aircraft communications owned, leased or maintained by applicant?      YES      NO

If YES, describe: \_\_\_\_\_

Runways, Taxiways, Ramps inspected/maintained by      Applicant      Other (Name of Firm): \_\_\_\_\_

Does applicant maintain/operate fuel storage facilities?      YES      NO

A. If YES, tanks are      Above ground      Below ground

B. Frequency of inspections: \_\_\_\_\_

Non-Aviation activities on Airport?      Lodging      Industrial Park      Storage      Aircraft Salvage Yard      Farming

Dump or Disposal Site      Other (describe): \_\_\_\_\_

**Does Applicant:**

A. Maintain Air Crash Emergency Plan?		YES	NO
B. Employ Medical personnel?	YES      NO	Do they have separate insurance coverage?!!	
		YES	NO
Describe: _____			
C. Base Fire Fighting vehicles on the Airport full time?		YES	NO
If NO, distance to nearest Fire Department: _____ miles			
D. Own, operate, use or maintain any off-Airport premises to be covered?		YES	NO
If YES, describe all location & uses: _____			
E. Host/sponsor or operate Air Shows?		YES	NO
Describe: _____			
Is Airport completely fenced in?		YES	NO
a. Airport security is provided by: _____			
b. Frequency of patrols: _____	Do they have separate insurance coverages?	YES	NO

Estimated number of aircraft movements this year for:

a. General Aviation	#	_____
b. Commuter Airlines	#	_____
c. Other Airlines	#	_____
d. Military	#	_____

TOTAL: # \_\_\_\_\_

Estimated number of enplaned passengers this year: \_\_\_\_\_

Largest Aircraft using Airport (make & model): \_\_\_\_\_ By (name of operator): \_\_\_\_\_

Runways:

	Heading	Length	Width	Surface	Describe all obstacles
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

List all Air Carriers using the Airport:  
\_\_\_\_\_

**PRODUCTS/COMPLETED OPERATIONS**

Does Applicant engage in:

	YES	NO	Gross Sales Last Year		Estimated This Year
a. Aircraft Fueling?	YES	NO	\$ _____	gallons	\$ _____ gallons
b. Aircraft Maintenance/Repairs?	YES	NO	\$ _____		\$ _____
c. Aircraft Parts/Accessories Sales	YES	NO	\$ _____		\$ _____
d. Cargo/Baggage Handling or Storage?	YES	NO	\$ _____		\$ _____
e. Jetway or Planemate Operation?	YES	NO	\$ _____		\$ _____
f. Passenger or Baggage Security Operations?	YES	NO	\$ _____		\$ _____
g. Aircraft Towing?	YES	NO	\$ _____		\$ _____
h. Aircraft De-icing?	YES	NO	\$ _____		\$ _____
i. Restaurant/Vending Machine Operations?	YES	NO	\$ _____		\$ _____
j. Airline Ground Support Services?	YES	NO	\$ _____		\$ _____
k. Control Tower?	YES	NO	\$ _____		\$ _____
l. Other?	YES	NO	\$ _____		\$ _____

List: \_\_\_\_\_

**HANGARKEEPERS LIABILITY** (Aircraft in your custody for storage/safekeeping/repair/servicing)

a. Number of hangars: \_\_\_\_\_ b. Number of tie-down/parking spaces: \_\_\_\_\_

c. Briefly describe each hangar: \_\_\_\_\_

d. Average value any one aircraft: \$ \_\_\_\_\_ Average total: \$ \_\_\_\_\_

e. Maximum value any one aircraft: \$ \_\_\_\_\_ Total all aircraft: \$ \_\_\_\_\_

f. Maximum value any one hangar: \$ \_\_\_\_\_ Maximum value any one tie-down ramp: \$ \_\_\_\_\_

g. Gross sales for: \_\_\_\_\_ Estimated This Year

Hangar rental/lease	\$	_____	\$	_____
Tie down rental/lease	\$	_____	\$	_____

**CONSTRUCTION, DEMOLITION & ALTERATIONS**

Contract costs this year for:

	Runways	Other	Describe Work
a. By Applicant	\$ _____	\$ _____	\$ _____
b. By Independent Contractors	\$ _____	\$ _____	\$ _____

Is there an owner-controlled insurance program? YES NO Limit? \_\_\_\_\_

If NO, minimum limit required of independent contractors: \$ \_\_\_\_\_

Is Applicant included as additional insured? YES NO

## AIRPORT LIABILITY APPLICATION

**CONTRACTUAL LIABILITY** – Contracts held with the following operations/tenants:

Designated contracts with:	Minimum Required Limits	Is Applicant Held Harmless?	Is Applicant an Additional Insured?	
a. _____	\$ _____	Yes No	Yes	No
b. _____	\$ _____	Yes No	Yes	No
c. _____	\$ _____	Yes No	Yes	No
d. Any contracts in which you assume the liability of others?	\$ _____	Yes No	Yes	No
e. Does the Applicant have any hold harmless or indemnification agreements in place?	\$ _____	Yes No	Yes	No

If YES, attach copies of contracts. Attached

**APPLICANTS VEHICLES:** Identify the number of vehicles owned by, operated by or leased to applicant:

Snow Removal equipment \_\_\_\_\_ Fuel Trucks \_\_\_\_\_ Sweepers \_\_\_\_\_ Tugs \_\_\_\_\_  
 Crash-fire-rescue vehicles \_\_\_\_\_ Hydrant carts \_\_\_\_\_ Passenger cars \_\_\_\_\_ Pick up trucks \_\_\_\_\_  
 Passenger buses over 30 seats \_\_\_\_\_ Passenger buses 30 seats and under \_\_\_\_\_  
 Describe any operation of vehicle off airport premises: \_\_\_\_\_

**CLAIMS:** List all claims for past five (5) years – use separate paper to complete if necessary.

Date	Description of Loss	Paid \$ _____	Outstanding Reserves \$ _____	Expenses \$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

**CURRENT INSURANCE**

Name of insurance company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

**Coverages & Limits Requested**

Coverage:	Description:	Limits of Insurance:
Coverage A	Bodily Injury and Property Damage Each Occurrence Limit	\$ _____
	Products-completed Operations Aggregate Limit	\$ _____
	Malpractice Aggregate Limit	\$ _____
	Fire Damage Limit	\$ _____
Coverage B	Personal and Advertising Injury Aggregate Limit	\$ _____
Coverage C	Medical Expense Limit (any one person)	\$ _____
Coverage D	Hangarkeeper's Liability Coverage	
	Each Aircraft Limit	\$ _____
	Each Loss Limit	\$ _____
	Deductible (each aircraft)	\$ _____
		\$ _____
Deductible	Each Occurrence or Offense Amount	\$ _____

**NON-OWNED AIRCRAFT:** Provide following information with respect to non-owned aircraft operated by or on behalf of the airport.

Does airport use non-owned aircraft on airport business?                      YES                      NO

If YES, do employees pilot aircraft on airport business?                      YES                      NO

Describe types of aircraft flown on airport business: \_\_\_\_\_

# AIRPORT LIABILITY APPLICATION

## FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS:** Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO D.C. 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 of false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**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 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 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 MARYLAND 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 may be guilty of insurance fraud.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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 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 civil fines and criminal 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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall be also 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 OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

**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 conceal 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 civil and criminal penalties.

**NOTICE TO TENNESSEE 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 TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**NOTICE TO 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 ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

All particulars herein are warranted 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 insured 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.

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date

*To Be Completed by Producer*

Producer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



**Sarkhosh Insurance Agency, Inc.**