



## AVIATION GENERAL LIABILITY LOCATION ADDENDUM

**APPLICANT INFORMATION:**

|   |                        |
|---|------------------------|
| Name of Applicant:                      | Current Policy Number: |
| ADDITIONAL LOCATION                     |                        |
| Airport Name:                           |                        |
| Airport City:                           | Airport State:         |
| FAA Airport Identifier (if applicable): |                        |

Does this Applicant's location occupy the entire airport?     Yes     No    If "NO", what portion (%): \_\_\_\_\_ %

**LIMITS OF LIABILITY:**

| TYPE OF LIMIT  | LIMIT | OCCURRENCE | BODILY INJURY |
|--|-------|------------|---------------|
| General Aggregate (Other than Products, Completed Operations, and Hangarkeepers) | \$    |            |               |
| Products and Completed Operations Aggregate                                      | \$    | \$         | \$            |
| Personal Injury & Advertising Injury Aggregate                                   | \$    | \$         |               |
| Each Occurrence  | \$    |            | \$            |
| Fire Damage (Any One Fire)   | \$    |            |               |
| Medical Expense (Any One Person)   | \$    | \$         |               |
| Hangarkeepers – Each Aircraft  | \$    |            |               |
| Hangarkeepers – Each Loss  | \$    |            |               |

**DEDUCTIBLES:**

|                 |    |
|-----------------|----|
| Property Damage | \$ |
| Bodily Injury   | \$ |
| Hangarkeepers   | \$ |
| Other:          | \$ |

**OPERATIONS OF APPLICANT:**

|  |          |                                     |          |
|--|----------|-------------------------------------|----------|
| Business of Applicant:   |          |                                     |          |
| Identify all operations performed and their estimated gross receipts for the next 12 months. |          |                                     |          |
| Fixed Wing Aircraft Repair and Service   | \$ _____ | Aircraft Parking                    | \$ _____ |
| Rotorcraft Repair and Service  | \$ _____ | Restaurant/Catering                 | \$ _____ |
| Engine Overhaul  | \$ _____ | Aircraft Detailing                  | \$ _____ |
| Propeller/Blade Repair or Overhaul   | \$ _____ | Curbside Check-in/Skycap            | \$ _____ |
| Avionics Repairs   | \$ _____ | Runway/Airport Repairs              | \$ _____ |
| Interior Repairs   | \$ _____ | Airport Cleaning                    | \$ _____ |
| Fuel and Lubricants (AVGAS)  | \$ _____ | Wheelchair/Passenger Assistance     | \$ _____ |
| Fuel and Lubricants (JET A)  | \$ _____ | Cargo Handling                      | \$ _____ |
| New Aircraft Sales   | \$ _____ | Aircraft Pushback                   | \$ _____ |
| Used Aircraft Sales  | \$ _____ | Passenger Screening                 | \$ _____ |
| Aircraft Parts (Not installed)   | \$ _____ | Securing Guard                      | \$ _____ |
| Tie-downs and Hangaring  | \$ _____ | Ground Equipment Repair and Service | \$ _____ |
| Aircraft Charter   | \$ _____ | Airline Repair and Overhaul         | \$ _____ |
| Instruction and Rental   | \$ _____ | Parts Distribution                  | \$ _____ |
| Auto Parking   | \$ _____ | Restaurant/Catering                 | \$ _____ |
| Aircraft Parking   | \$ _____ | Other _____                         | \$ _____ |

**TOTAL ESTIMATED RECEIPTS ALL LOCATIONS: \$ \_\_\_\_\_**

**FLIGHT EXPOSURES:** If the applicant provides pilots services, flight instruction, pick-up/delivery of aircraft, maintenance test flights, or any other flight-related exposures, the Applicant must complete a Non-Owned Aircraft Application and a Pilot History form for all pilots.

**OTHER INFORMATION:**

Please provide any other information relevant to this application: (Attach additional pages if necessary)

**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 and subjects such person to criminal and civil penalties.

Name (Please Print): \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_