



AVIATION GENERAL LIABILITY INSURANCE APPLICATION

APPLICANT INFORMATION:

Check which is Desired:	<input type="checkbox"/> New Policy	<input type="checkbox"/> Renewal Policy	Current Policy No:	
Name of Applicant:				
Mailing Address:				
Business of Applicant:				
Applicant is:	<input type="checkbox"/> Individual(s)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Trust	<input type="checkbox"/> Not For Profit	<input type="checkbox"/> Association	<input type="checkbox"/> Other:
Requested Policy Dates:	Effective:	Expiration:		

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.

FUELING:

Fueling provided on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Performed by Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Fueling done by:	<input type="checkbox"/> Truck	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Pump	<input type="checkbox"/> Pit
Types of fuel sold:	<input type="checkbox"/> AvGas	<input type="checkbox"/> Jet Fuel	<input type="checkbox"/> Auto Gas	
Fuel Storage Facilities (Gallons)	Airline _____	General Aviation _____	Military _____	
Annual gallonage:	Underground _____	Above Ground _____		
Are static lines attached during all refueling operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are UL-approved fire extinguishers carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

LOCATION DESCRIPTION & USE:

If Applicant is applying for multiple locations to be insured, the Applicant must attach the Addendum (Additional Locations) providing details for locations other than that listed at the primary address listed above.

AIRPORT	
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 (%): _____ %

Elevation: _____

Longest Runway Length: _____

Runway Construction: Concrete Blacktop Turf Gravel Other _____

Are runways lighted? Yes No

Is the runway traffic-controlled? No Yes (By Tower) Yes (By Unicom)

If "YES", controlled by: _____

The airport Manager Is? Employed by Applicant Independent Contractor (please furnish contract)

Is the Manager on premises during hours of operation? Yes No

Hours of Operations: From: _____ To: _____

Fire station located at Airport? Yes No

If "NO", distance from the Airport? _____ miles

Is Airport fenced? Yes No

Who maintains the Airport? _____

Applicant is? Owner General Lessee

Are any ultralight, parachuting, or agricultural activities conducted on-premises? Yes No

If "YES", explain: _____

Are there any recreational facilities or other non-aviation uses of the airport premises? Yes No

If "YES", explain: _____

List airlines and scheduled air taxis that will serve this airport during the next three Years? _____

TOTAL ARRIVALS & DEPARTURES:

	Present Year	Next Year (Estimated)	Following Year (Estimated)
Revenue Passengers	\$	\$	\$
Airline Aircraft	\$	\$	\$
General Aviation Aircraft	\$	\$	\$
Military Aircraft	\$	\$	\$

APPLICANT’S VEHICLES, ELEVATORS & AIRCRAFT:

Indicate the number of vehicles maintained for exclusive use on airport premises:	Fuel:	Fire Engines:	Pickup Trucks:
	Sweepers:	Tugs:	Passenger Cars:
	Snow Removal:	Hydrants Carts:	Other:
State number of:	Elevators:	Escalators:	Moving Sidewalks:
How many aircraft are owned and operated by the Applicant?	Fixed Wing:	Rotorcraft:	Other:

CONTRACTS:

Has Applicant entered into written agreements assuming the liability of others, such as the lease of premises, fuel supplier, equipment lease, etc.? (If “YES”, attach copies of contracts): Yes No

CONSTRUCTION BY INDEPENDENT CONTRACTORS:

Show estimated cost for all construction projects expected during the next 12 months.		
	Description of Project	Estimated Cost
Runways & Taxiways:		\$
All Other Projects:		\$

TIE-DOWNS & HANGARING BY APPLICANT:

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

Are any aircraft tied out? Yes No

If “YES”, type of tie-down facility: _____

Average number of aircraft tied out? _____

Description of storage hangers: _____

Average value of any one aircraft in custody of Applicant \$ _____
 Maximum value of any one aircraft in custody of Applicant \$ _____
 Average value of all aircraft in custody of Applicant \$ _____
 Maximum value of all aircraft in custody of Applicant \$ _____

LOSS HISTORY & PREVIOUS AVIATION INSURANCE:

List all claims occurring during the last 5 years other than those associated with Workers' Compensation. Should more space be required to report additional losses, the Applicant must attach the Addendum (Loss History) to provide details for such losses. Attach loss runs provided by your insurance company if available.

Date of Loss	Description of Loss	Claims Total Paid	Outstanding Reserves	Expenses
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Are loss amounts shown above reduced by a deductible? Yes No
 If "Yes", specify the amount: \$

Are loss amounts shown above reduced by a self-insured retention? Yes No
 If "Yes", specify the amount: \$

Has any Insurance Company canceled, declined, or refused to renew the Applicant's insurance? Yes No
 If "Yes", explain:

Name of last/present Insurance Company: _____ Expiration Date: _____

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: _____

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE-SPECIFIC PROVISIONS

- Alabama** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits 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.
- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia** **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 if false information materially related to a claim was provided by the applicant.
- Florida** 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 of the third degree.
- Hawaii** 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.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to 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, or a claim for payment or other benefits pursuant to an insurance policy 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 is guilty of a crime and may be subject to fines and confinement in prison.

Kentucky	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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits 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.
Main	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 denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits 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.
New York	<p>All commercial insurance forms, except as provided for automobile insurance: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p>Automobile insurance forms: Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>

Ohio The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy. 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.

Oklahoma **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.
WARNING: All Workers Compensation Insurance: Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:

1. obtaining any benefit or payment,
2. increasing any claim for benefit or payment, or
3. obtaining workers' compensation coverage under this act shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

Oregon Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions, or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 1. Material to the risk assumed by us; or
 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions, or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions, or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania 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 subjects such person to criminal and civil penalties.

Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assists or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits 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.
Tennessee	<p>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.</p> <p>Workers' Compensation: It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.</p>
Utah	Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	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.
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 include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits 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.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).