

# GENERAL AVIATION AIRPORT LIABILITY APPLICATION

*This Application does not commit the Insurer to any liability nor make the Applicant liable for any premium unless and until HDA Insurance Brokerage specifically so advises the Applicant regardless of when this Application may have been received by HDA Insurance Brokerage.*

## EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1. Is this a Public Bid?  Yes  No  
 (Note: If yes, the complete bid specifications must be attached)

2. Name and Address of Applicant: \_\_\_\_\_

**APPLICANT IS:**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Corporation  | <input type="checkbox"/> Partnership* |
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Estate       |
| <input type="checkbox"/> Municipality |                                       |

\* If Partnership give names of Officers or Partners, listed below.

3. Coverage to be effective from: \_\_\_\_\_ to: \_\_\_\_\_  
 (Standard time at address of Applicant) both days at 12:01 A.M.

4. Name and Location of Airport: \_\_\_\_\_  
 Airport Identifier: \_\_\_\_\_

**Please complete separate Application for each Airport Location.**

5. FAA Airport Classification: \_\_\_\_\_

6. Interest of Applicant in Airport:  Owner  General Lessee  Tenant

7. **RUNWAYS:**

Surface	Heading	Length	Width
a)			
b)			
c)			
d)			
e)			
f)			
g)			

8. Is Airport Fenced?  Yes  No

9. Is a Fire Station on premises, if not who responds and how far away? \_\_\_\_\_

10. (a) Is a Manager on premises 24 hours a day?  Yes  No  
 If no, when? \_\_\_\_\_

(b) Is Airport Manager an employee of the Named Insured?  Yes  No

(c) If no, of whom and supply a copy of the contract. \_\_\_\_\_

(d) Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager?  Yes  No If Yes, describe. \_\_\_\_\_

(e) How much Insurance do they carry? \_\_\_\_\_

(f) When does their coverage expire? \_\_\_\_\_

(g) Do they hold you harmless?  Yes  No

(h) Does their Insurance Policy include you as an Additional Insured?  Yes  No

(i) Does the contract between you and the Airport Manager specifically outline (a) his/her duties as Manager and (b) Insurance requirements?  Yes  No

11. Are there any Non-Aviation activities at the Airport?  Yes  No

Describe: \_\_\_\_\_

12. Total Aircraft Operations (Take-offs and Landings):	<u>This Fiscal Year</u>	<u>Next Fiscal Year</u>
(a) General Aviation / Air Taxi	_____ <input type="checkbox"/>	_____
(b) Military	_____ <input type="checkbox"/>	_____
(c) Other	_____ <input type="checkbox"/>	_____
(d) Total Operations	_____ <input type="checkbox"/>	_____

13. (a) Largest Aircraft Type commonly using the Airport: \_\_\_\_\_  
 (b) Who operates the Aircraft in (a)? \_\_\_\_\_

14. Does Insured / Applicant engage directly in any of the following Operations? If yes, please provide annual receipts.			<u>Annual Receipts</u>
(a) Aircraft Sold – New			
Fixed Wing	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ <input type="checkbox"/>
Helicopter	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(b) Aircraft Sold – Used			
Fixed Wing	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Helicopter	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(c) Aircraft Repairs & Service (including parts installed)			
Fixed Wing	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Helicopter	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(d) Aircraft Parts Sold – Not installed			
Fixed Wing	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Helicopter	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(e) Aircraft Fuel & Oil			
Airlines	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
General Aviation (including Helicopters)	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(f) Cargo Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(g) Cargo Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(h) Security Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(i) Rental & Instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(j) Restaurant Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(k) Automobile / Shuttle Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(l) Agricultural Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(m) Airmeets, Contests, Exhibitions	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
(n) Other Operation (describe below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____

\_\_\_\_\_

15. **FUELING:** On Premises?  Yes  No Done by Applicant  Yes  No  
 Fueling is by:  Truck  Hydrant  Gas Pump  Gas Pit  Other: \_\_\_\_\_  
 Fuel Storage Facilities: Underground \_\_\_\_\_ gallons  
 Above Ground \_\_\_\_\_ gallons

Does Applicant refuel / defuel any scheduled Airlines?  Yes  No  
 If yes, describe type Aircraft and number fueled per day. \_\_\_\_\_

**Self-Serve Fuel:** Does applicant provide Self-Serve Fuel on premises?  Yes  No  
 If yes,  
 who is responsible for maintenance of tanks? \_\_\_\_\_  
 who receives the provide from the sale of the fuel? \_\_\_\_\_

16. If you answered yes to Aircraft or Helicopter Repairs & Service, describe the type of Aircraft and Helicopters serviced and the scope of your work. \_\_\_\_\_

17. Air Meets, contests, Exhibitions – Your policy excludes Air Meets, Contests and Exhibitions, but does not exclude “Static Displays”. If you plan to have an Air Meet, Contest or Exhibition, different conditions will apply. Contact

your Insurance Agent for details.

18. Is your Control Tower operated by the F.A.A.?  Yes  No  
 If No:  
 (a) Who Operates it? \_\_\_\_\_  
 (b) How much Insurance do they carry? \_\_\_\_\_  
 (c) When does their Insurance expire? \_\_\_\_\_  
 (d) Do they hold you harmless? \_\_\_\_\_  
 (e) Does their Insurance Policy include you as an Additional Insured? \_\_\_\_\_

19. **TIE DOWN AND HANGARING BY APPLICANT:**

Are Aircraft or others Taxied, Moved or Towed by Applicant?  Yes  No  
 If no, who provides these services on premises? \_\_\_\_\_

If yes, provide information regarding training of employees for the performance of these duties. \_\_\_\_\_

Who provides Tie Down ropes / chains, etc.? \_\_\_\_\_

Number of:

Tied 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 of ALL A/C:

Tied Down \$ \_\_\_\_\_  In T-Hangars \$ \_\_\_\_\_  In Multiple Aircraft Hangars \$ \_\_\_\_\_

Number of:

Ultra-light Aircraft \_\_\_\_\_  Helicopters \_\_\_\_\_

20. **PARKING:** Does Applicant charge for Automobile Parking?  Yes  No

If yes, give area: \_\_\_\_\_

Number of parking spaces operated by the applicant? \_\_\_\_\_ , Operated by Contractor? \_\_\_\_\_

21. **ESTIMATED STRUCTURAL OPERATIONS:**

- (a) By Independent Contractors – cost next 12 months  
 (b) By Applicant – cost next 12 months:

**Runways / Taxiways**

\$ \_\_\_\_\_   
 \$ \_\_\_\_\_

**All Other**

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_

22. As respects incidental Malpractice, do you employ any full-time Nurses, Doctors, EMT's and if so, please give full details (including the number of each and the maximum number of each on duty at any one time): \_\_\_\_\_

23. (a) Elevators \_\_\_\_\_  **NUMBER** **WHO MAINTAINS**  
 (b) Escalators \_\_\_\_\_   
 (c) Moving Sidewalks \_\_\_\_\_   
 (d) Revolving Doors \_\_\_\_\_

24. (e) Fuel Trucks \_\_\_\_\_ **NUMBER**  
 (f) Movers \_\_\_\_\_  
 (g) Snow Removal \_\_\_\_\_  
 (h) Pick Up Trucks \_\_\_\_\_  
 (i) Fire Engine / Fire Rescue \_\_\_\_\_  
 (j) Passenger Cars \_\_\_\_\_

- (k) Tugs \_\_\_\_\_
- (l) Fixed Wing Aircraft owned by Applicant \_\_\_\_\_
- (m) Helicopters owned by Applicant \_\_\_\_\_
- (n) Other \_\_\_\_\_

Are all vehicles restricted to on airport premises?  Yes  No

If no, please provide additional information. \_\_\_\_\_

**25. HOLD HARMLESS (Coverage Required):**

**Minimum Limits  
Required by You  
Should be not  
Less Than**

**Are You Named as an  
Additional Insured**

- (a) Fixed Base Operators
- (b) Concessionaires
- (c) Contractors
- (d) Others (describe below)

\$ 2,000,000  
\$ 1,000,000  
\$ 5,000,000

Yes  No  
 Yes  No  
 Yes  No

(e) \_\_\_\_\_ Attach samples of your Standard Agreements. Are they all similar? If not, advise details on separate sheet and / or provide copies of contracts.

**VERY IMPORTANT**

**If your minimum limits required by you are not as high as those shown above, you must complete Page 7 of the Application. By leaving Page 7 blank you are stipulating that the Insured requires the minimum limits of liability as stated above.**

**26. NON – OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:**

- (a) 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: \_\_\_\_\_
- (b) Number of hours per year when employees of Applicant use Non-Owned Aircraft on Applicant's business and type of Aircraft and Maximum seating: \_\_\_\_\_
- (c) As respects (b) above, each employee pilot must complete Pilot History Form which may be obtained from your agent.

**27. ACCIDENT CLAIMS HISTORY**

ACCIDENT CLAIMS HISTORY THIS CURRENT YEAR:

Number	Claim Filed Amount	Number	Claims Settled Amount	Number	Claims Open Amount
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____					

ACCIDENT CLAIMS HISTORY PRIOR INSURANCE YEAR: 2<sup>nd</sup> YEAR

Number	Claim Filed Amount	Number	Claims Settled Amount	Number	Claims Open Amount
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____					

ACCIDENT CLAIMS HISTORY PRIOR INSURANCE YEAR: 3<sup>rd</sup> YEAR

Number	Claim Filed Amount	Number	Claims Settled Amount	Number	Claims Open Amount
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____					

ACCIDENT CLAIMS HISTORY PRIOR INSURANCE YEAR: 4th YEAR

Number	Claim Filed Amount	Number	Claims Settled Amount	Number	Claims Open Amount
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____					

ACCIDENT CLAIMS HISTORY PRIOR INSURANCE YEAR: 5th YEAR

Number	Claim Filed Amount	Number	Claims Settled Amount	Number	Claims Open Amount
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____					

ACCIDENT CLAIMS HISTORY PRIOR INSURANCE YEAR: 6th YEAR

Number	Claim Filed Amount	Number	Claims Settled Amount	Number	Claims Open Amount
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
_____					

NOTE: Give breakdown of each claim over \$5,000 by Date, Description, and Amount paid and / or reserved.

28. **COVERAGE TO BE QUOTED:**

Single Limit Bodily Injury, and Property Damage Liability Combined \$\_\_\_\_\_ each occurrence  
 And annual aggregate as respects Products – Completed Operations – Contractual Liability.  
 Personal/ Advertising Injury can be included for a sublimit of not more than \$20,000,000 any one offense / aggregate.

29. **PRESENT COVERAGES:**

**Airport Liability**

- (a) Present Company \_\_\_\_\_
- (b) Limits of Liability \_\_\_\_\_
- (c) Deductible \_\_\_\_\_
- (d) Expiration Date \_\_\_\_\_
- (e) During the last year, no insurer has cancelled or refused to renew the Applicant's Aviation Insurance except: \_\_\_\_\_

(State "No Exception" or name Insurer, Date and Reason)

**REMARKS:** \_\_\_\_\_

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 Insurer shall be the basis of any contract between me / us and the Insurer.

BY: \_\_\_\_\_ DATED: \_\_\_\_\_  
Applicant's Signature

The following must be completed by Agent or Broker before Policy can be issued:

Name/Address or Agent or Broker: HDA Insurance Brokerage

Are you licensed in the State where the Insured is located as: \_\_\_\_\_ Surplus Lines Broker  
\_\_\_\_\_ Agent

As an Agent of Old Republic Insurance Company in the State where the Insured is located?  Yes  No

*Any person who knowingly and with intent to defraud an 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.*

### Additional Information

Permittee /Lessee? \_\_\_\_\_

Business of Permittee/Lessee? \_\_\_\_\_

Limits of Liability Contract Requires Permittee/Lessee to Carry? \_\_\_\_\_

Does Contract with Permittee/Lessee Hold Harmless and Indemnify Airport? \_\_\_\_\_

Permittee/Lessee Include Airport as an Additional Insured? \_\_\_\_\_

What is the Renewal Date of Contract? \_\_\_\_\_

What Cancellation or Review Provisions are Contained in the Contract as Respects Insurance Requirements? \_\_\_\_\_

If the Limit Required is Less than the Minimum Limits shown under item 25 of the Application, Please Contact the Lessee/Permittee and Ascertain what actual Limite are carried and fill in below

\_\_\_\_\_