



ace usa

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
GENERAL AVIATION AIRPORT INSURANCE APPLICATION

NAME OF APPLICANT: Airport Identifier
ADDRESS:
APPLICANT IS: Individual Corporation Partnership
Quotation for Airport Liability insurance is requested for an annual period beginning 19
Name of Airport: located miles of (city)
Airport Manager: Phone Number:
APPLICANT IS: Tenant General Lessee Airport Owner Present Insurance Expires

OPERATIONS of APPLICANT: Indicate all operations and estimated annual gross receipts.
Table with columns for Fuel & Lubricants, Tiedowns & Hangaring, Landing Fees, New Aircraft, Used Aircraft, Aircraft Parts, Airshows, Aircraft Maintenance, Aircraft Charter, Rental & Instruction, Restaurant, Auto Parking, and Total.

FUELING: On Premises Yes No Done by Applicant Yes No
Dispensed by: Truck Hydrant Gas Pump Gas Pit other
Annual Gallonage: Airline; General Aviation; Military
Type of Fuel Sold: AV Gas Jet Fuel Aircraft Auto Gas
Fuel Storage Facilities: Underground gallons; Above Ground gallons

THE DOWN & HANGARING by APPLICANT - are aircraft of others taxied, towed or moved by applicant? Yes/No
Number of: tiedown 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 \$

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT
Indicate the number and type of vehicles maintained for use exclusively on the airport premises:
Fuel Trucks, Sweepers, Snow Removal, Fire Engines, Tugs, Hydrant Carts, Pickup Trucks, Passenger Cars, Other
State number of: Elevators, Escalators, Moving Sidewalks
State number of Airplanes 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 supplier, equipment lease, etc?
Does applicant use uniform customer contracts for hangaring, service, etc?
Does applicant require "hold harmless" coverage?
Give details of minimum limits required from: Airlines \$, FOB's \$, Concessionaires \$
Is applicant named as Additional Insured?

CONSTRUCTION by Independent Contractors - show estimated cost by type of construction
Runways & Taxiways \$ current year \$ next year; \$ next three years
All others (describe) \$ current year \$ next year; \$ next three years

FIXED BASE OPERATORS - List names of FBO's on airport premises

AIRPORT DESCRIPTION - Elevation \_\_\_\_\_ ft.; Longest runway is \_\_\_\_\_ ft.  
 Number of aircraft based at airport: Airline \_\_\_\_\_; General Aviation \_\_\_\_\_, Military \_\_\_\_\_  
 Runway Construction:  Concrete  Turf  Blacktop  Other \_\_\_\_\_, Are runways lighted?  Yes  No  
 Aircraft traffic is controlled  No  Yes - by  FAA  Non Federal  Unicom - Operated by: \_\_\_\_\_  
 Is there an airport manager?  No  Yes - employed by:  applicant  independent contractor (furnish copies of contract)  
 Is manager on premises during hours of operation?  Yes  No Hours of operation \_\_\_\_\_ to \_\_\_\_\_  
 Fire station located at airport?  Yes  No - it is \_\_\_\_\_ miles from the airport.  
 Is airport fenced?  Yes  No Who maintains the airport? \_\_\_\_\_  
 Does the insured own, operate or maintain any aids to navigation?  No  Yes - describe \_\_\_\_\_  
 If applicant is Owner or General Lessee - enclose a diagram of premises or FAA Form 5010-1  
 Are airport premises used for any recreational or other non-aviation activities?  No  Yes - describe \_\_\_\_\_  
 List Airlines and Scheduled Air Taxis that serve airport currently and next three years: \_\_\_\_\_

Largest value aircraft using airport: Aircraft _____ Value \$ _____	Present	Next	Following
Total Estimated:	Year	Year (est.)	Year (est.)
Revenue Passengers (enplaned)	_____	_____	_____
Airline Aircraft (landings)	_____	_____	_____
General Aviation Aircraft (landings)	_____	_____	_____
Military Aircraft (landings)	_____	_____	_____

LIABILITY COVERAGE - state limits of liability desired	Each Person	Each Occurrence
Bodily Injury Liability	\$ XXX	\$ _____
Property Damage Liability	\$ XXX	\$ _____
Single Limit Bodily Injury and Property Damage	\$ XXX	\$ _____
Ground Hangarkeepers Liability	Each Aircraft \$	\$ _____

NON-OWNED AIRCRAFT LIABILITY COVERAGE  
 Piloted by applicants employees: Hours per year \_\_\_\_\_ Aircraft type \_\_\_\_\_ Maximum seating \_\_\_\_\_  
 Piloted by others: Hours per year \_\_\_\_\_ Aircraft type \_\_\_\_\_ Maximum seating \_\_\_\_\_  
 Applicant's employee pilots must attach a pilot history form.

LOSS HISTORY and PREVIOUS AVIATION INSURANCE Explain each "Yes" answer  
 Has applicant had any airport/aviation losses/claims during last five years?  No  Yes  
 Has any insurer cancelled, declined or refused to renew any airport/aviation insurance?  No  Yes  
 Details: \_\_\_\_\_  
 \_\_\_\_\_  
 Name of last or present airport/aviation insurance company: \_\_\_\_\_  
 Present limit of liability: \_\_\_\_\_ Present Deductible \_\_\_\_\_

I/We authorize the following agent or broker to represent me/us in the placing of this insurance:  
 Name/address of agent or broker \_\_\_\_\_  
 \_\_\_\_\_

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.

The application does not commit the Insurer to any liability nor make the Applicant liable for any premium unless and until Westchester Fire Insurance Company specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by Westchester Fire Insurance Company.

Date \_\_\_\_\_ 19 \_\_\_\_ X \_\_\_\_\_  
 Personal signature of Applicant or Authorized Executive is required

*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.*

*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.*