

# Airport Insurance Application

## Fixed Base Operations

**RETURN TO:** Aviation Managers  
W. Brown & Associates Insurance Services  
4675 MacArthur Court, Suite 770  
Newport Beach, CA 92660

**PRODUCER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

Check which is desired:  Quotation  Insurance

**I. APPLICANT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**APPLICANT IS:**  Individual(s)  Corporation  Partnership  Other

**whose business is** \_\_\_\_\_

**Insurance is requested from** \_\_\_\_\_, 20\_\_\_\_ **To** \_\_\_\_\_, 20\_\_\_\_

Name of Airport \_\_\_\_\_ located \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_

Applicant occupies what part of airport?  Entire  Portion (explain) \_\_\_\_\_

If applicant is General Lessee or Airport Owner: Are any ULTRALIGHT-PARACHUTING-AGRICULTURE activities on premises?

No  Yes, if Yes, explain \_\_\_\_\_

**II. OPERATIONS OF APPLICANT:** *Indicate all operations and estimated gross receipts*

Aircraft Repair/Service \$ \_\_\_\_\_ Propeller Repair/Overhaul \$ \_\_\_\_\_

Fuel & Lubricants \$ \_\_\_\_\_ Aircraft Charter \$ \_\_\_\_\_

Engine Overhaul \$ \_\_\_\_\_ Rental & Instruction \$ \_\_\_\_\_

New Aircraft \$ \_\_\_\_\_ Helicopter Repair/Service \$ \_\_\_\_\_

Used Aircraft \$ \_\_\_\_\_ Auto Parking \$ \_\_\_\_\_

Aircraft Parts (not install) \$ \_\_\_\_\_ Aircraft Painting \$ \_\_\_\_\_

Tiedowns & Hangaring \$ \_\_\_\_\_ Restaurant \$ \_\_\_\_\_

List all other sources and receipts - use separate sheet if necessary  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

**III. LIMITS OF LIABILITY:** *Check box for coverage desired:*  Premises  Products/Completed Operations

LIABILITY COVERAGE State limits of liability desired	Each Person	Each Occurrence
Bodily Injury Liability	\$ _____	\$ _____
Property Damage Liability	XXXXXXXXXX	\$ _____
Single Limit Bodily Injury and Property Damage	XXXXXXXXXX	\$ _____
Ground Hangarkeepers Liability DEDUCTIBLE _____	\$ _____	\$ _____

**IV. FUELING:** On premises  No  Yes Done by Applicant  No  Yes Fueling is by  truck  hydrant  gas pump  gas pit  
Annual gallonage: Airline \_\_\_\_\_ gallons; General Aviation \_\_\_\_\_ gallons; Military \_\_\_\_\_ gallons.

Type of fuel sold:  AVGAS  JET FUEL  AUTO GAS

Fuel storage facilities: Underground \_\_\_\_\_ gallons; Above ground \_\_\_\_\_ gallons.

Annual Gallonage of Turbine Engine Fuel: \_\_\_\_\_ gallons.

Are static lines attached during all refueling operations? \_\_\_\_\_ Are U.L. approved fire extinguishers carried? \_\_\_\_\_

**V. TIE DOWN & HANGARING BY APPLICANT** - Are aircraft of others taxied, towed or moved by applicant?  No  Yes

Are any aircraft tied-out? \_\_\_\_\_ Type of tie-down facility \_\_\_\_\_

Average number of aircraft tied-out \_\_\_\_\_ Description of Storage Hangars \_\_\_\_\_

Average value of any one aircraft in custody of applicant \_\_\_\_\_ Maximum value of any one aircraft \_\_\_\_\_

Average value of all aircraft in custody of applicant \_\_\_\_\_ Maximum value of all aircraft \_\_\_\_\_

**VI. CONTRACTS** - Has applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.?  No  Yes (attach copies)

**IMPORTANT: PLEASE READ AND COMPLETE BOTH SIDES**

**VII. CONSTRUCTION** by Independent Contractors – show estimated cost by type of construction expected during next 12 months.  
Runways & Taxiways \$ \_\_\_\_\_ All others (describe) \_\_\_\_\_ \$ \_\_\_\_\_

**VIII. AIRPORT DESCRIPTION:** Elevation is \_\_\_\_\_ ft. Longest runway is \_\_\_\_\_ ft.

Number of aircraft based at a irport: Airline \_\_\_\_\_ General Aviation \_\_\_\_\_ Military \_\_\_\_\_

Runway Construction:  concrete  turf  gravel  blacktop  other \_\_\_\_\_; Are runways lighted?  No  Yes

Is aircraft traffic controlled?  No  Yes – by  Tower  Unicom – operated by: \_\_\_\_\_

Is there an airport manager?  No  Yes Employed by: \_\_\_\_\_

Is manager on airport premises during hours of operation?  No  Yes Hours of operation \_\_\_\_\_ to \_\_\_\_\_

Fire Station located at airport?  No  Yes It is \_\_\_\_\_ miles from the airport.

Is airport fenced?  No  Yes Who maintains the airport? \_\_\_\_\_

Is applicant is Owner of General Lessee – complete the following and enclose a map or FAA Form 29-A.

Airport Manager is:  Employee of applicant  Independent Contractor (*furnish copy of contract*)

Any recreational or other non-aviation facilities or use of airport premises?  No  Yes (*describe*)

List airlines and scheduled air taxis that will serve this airport during the next three years:

Total Estimated Arrival & Departures	Present Year	Next Year (Est.)	Following Year (Est.)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

**IX. APPLICANTS 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 \_\_\_\_\_, Pick-up Trucks \_\_\_\_\_, Passenger Cars \_\_\_\_\_, other \_\_\_\_\_

State number of: elevators \_\_\_\_\_, escalators \_\_\_\_\_, moving sidewalks \_\_\_\_\_,

State number of aircraft owned or operated by applicant \_\_\_\_\_, number of helicopters \_\_\_\_\_

**X. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE – Explain each “Yes”**

Has applicant had any airport/aviation losses/claims during the last five years?  No  Yes \_\_\_\_\_

Has any insurer cancelled, declined or refused to renew any airport/aviation insurance  No  Yes \_\_\_\_\_

Name of last or present airport/aviation insurance company \_\_\_\_\_

I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I/we agree that this application shall be a basis of my acceptance by W. Brown & Associates Insurance Services.

**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.

Dated at \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of applicant, or Authorized Executive \_\_\_\_\_

Title \_\_\_\_\_