

# AVIATION GENERAL LIABILITY INSURANCE APPLICATION



## AIRCRAFT OPERATORS: PLEASE COMPLETE SEPARATE AIRCRAFT INSURANCE APPLICATION

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Name of Airport \_\_\_\_\_  
Applicant is:  Individual  Partnership  Joint Venture  Corporation  Other: \_\_\_\_\_  
Type of Business is:  FBO  FAA Certified Repair Station  Other: \_\_\_\_\_  
Number of years in business \_\_\_\_\_ under this management \_\_\_\_\_ at this location \_\_\_\_\_ Number of employees \_\_\_\_\_

**PREMISES**  
List all buildings, hangars, ramps and all other premises to be insured: \_\_\_\_\_  
Applicant occupies:  All  Part of Premises. Applicant is:  Owner  Tenant  General Lessee of Premises.  
Who is responsible for maintenance of these premises? \_\_\_\_\_  
Applicant does  does not  have air shows, contests or exhibitions on premises.  
List all autos and mobile equipment such as aircraft tugs or fuel trucks used solely on the airport premises \_\_\_\_\_  
Runways:  Paved  Unpaved Shortest runway is \_\_\_\_\_ feet. Approach obstructions?  No  Yes  
Describe runway obstructions: \_\_\_\_\_

**PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)**  
Total Gross Receipts: \$ \_\_\_\_\_ (Last 12 months) \$ \_\_\_\_\_ (Estimated next 12 months)  
Describe products and services: \_\_\_\_\_  
Types of aircraft worked on: \_\_\_\_\_  
Applicant is a dealer or distributor for: \_\_\_\_\_  
Professional Training Courses attended by your employees: \_\_\_\_\_  
Are you a member of the Professional Aviation Maintenance Association (PAMA) or SAE International? \_\_\_\_\_  
How many of your employees are PAMA or SAE certified? \_\_\_\_\_  
**ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR REPAIR OF:**  
• Airframe & components: \$ \_\_\_\_\_ Total \_\_\_\_\_ % Fixed Wing \_\_\_\_\_ % Rotorwing  
• Engines & components: \$ \_\_\_\_\_ Total \_\_\_\_\_ % Fixed Wing \_\_\_\_\_ % Rotorwing  
\_\_\_\_\_ % Major overhauls  
\_\_\_\_\_ % "Hot Section" repairs  
• Avionics: \$ \_\_\_\_\_  
• Propellers: \$ \_\_\_\_\_  
• Rotorsystems: \$ \_\_\_\_\_  
**ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:**  
• Airframe painting: \$ \_\_\_\_\_  
• Sale of parts, not installed: New: \$ \_\_\_\_\_ Used: \$ \_\_\_\_\_  
• Sale of fuel and oil \_\_\_\_\_ Gallons \_\_\_\_\_ Pumping Fees: \$ \_\_\_\_\_ Gallons: \_\_\_\_\_  
• Does applicant fuel/defuel any airlines?  No  Yes. Type of Aircraft: \_\_\_\_\_  
• Sale of aircraft (Piston): New: \$ \_\_\_\_\_ Used: \$ \_\_\_\_\_  
• Sale of aircraft (Turbine): New: \$ \_\_\_\_\_ Used: \$ \_\_\_\_\_  
• Sale of food/beverages (including vending machines/catering): \$ \_\_\_\_\_  
• Sale of other items and services: \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
• Airline servicing (other than fuel): \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
• Sale of Avionics: \$ \_\_\_\_\_ De-icing Services: \_\_\_\_\_  
Has applicant performed any engine or airframe modification work?  No  Yes Describe: \_\_\_\_\_  
Has applicant ever sold, serviced or repaired "ultra-light" or "homebuilt" aircraft?  No  Yes Describe: \_\_\_\_\_

**HANGARKEEPER'S LIABILITY (AIRCRAFT IN APPLICANT'S CARE, CUSTODY OR CONTROL)**

Average value any one aircraft \$ \_\_\_\_\_ Average Total all aircraft \$ \_\_\_\_\_ Average number \_\_\_\_\_  
Maximum value any one aircraft \$ \_\_\_\_\_ Maximum Total all aircraft \$ \_\_\_\_\_ Average number \_\_\_\_\_  
Maximum value in any one hangar \$ \_\_\_\_\_ Describe hangars \_\_\_\_\_  
tied down \$ \_\_\_\_\_ Number of tie downs \_\_\_\_\_

Gross Receipts for next 12 months hangar rental \$ \_\_\_\_\_  
tie downs \$ \_\_\_\_\_  
towing \$ \_\_\_\_\_

Does applicant fly customer's aircraft?  No  Yes. List all purposes of use: \_\_\_\_\_  
Largest type aircraft flown: \_\_\_\_\_ Maximum value \$ \_\_\_\_\_  
Does applicant maintain separate Non-Owned Aircraft Liability insurance?  No  Yes

**CONSTRUCTION, DEMOLITION & ALTERATIONS**

Projected contract costs for next 12 months:  
• By applicant \$ \_\_\_\_\_ Describe: \_\_\_\_\_  
• By independent contractors \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**CONTRACTUAL LIABILITY ("HOLD HARMLESS" AGREEMENTS/INDEMNIFICATION CLAUSES)**

Does applicant assume liability of others?  No  Yes. Attach all contracts assuming liabilities of others.  All attached.

**CLAIMS HISTORY & FAR VIOLATIONS - LIST ALL CLAIMS AND FAR VIOLATIONS FOR PAST 10 YEARS**

Date Amount (including all expenses) Cause/Violation

(attach separate sheet to fully complete)

**COVERAGES & LIMITS REQUESTED**

**POLICY PERIOD:** From: \_\_\_\_\_ until \_\_\_\_\_ both at 12:01 AM at the applicant's address on the front page.

| COVERAGES   | Limits of Insurance |
|---|---------------------|
| Commercial General Liability Coverage                                 |                     |
| General Aggregate Limit<br>(other than Products/Completed Operations) | \$ _____            |
| Products/Completed Operations Aggregate Limit                         | \$ _____            |
| Personal and Advertising Injury Aggregate Limit                       | \$ _____            |
| Each Occurrence Limit   | \$ _____            |
| Fire Damage Limit (any one fire)                                      | \$ _____            |
| Medical Expense Limit (any one person)                                | \$ _____            |
| Hangarkeeper's Liability Coverage                                     |                     |
| Each Aircraft Limit   | \$ _____            |
| Each Loss Limit   | \$ _____            |
| Deductible<br>(each aircraft/each occurrence)                         | \$ _____            |

**POLICY DEDUCTIBLE**

Each Occurrence \$ \_\_\_\_\_ Annual Aggregate \$ \_\_\_\_\_  
Other coverages, restrictions, endorsements: \_\_\_\_\_  
\_\_\_\_\_

**CURRENT INSURANCE**

Name of Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverages: \_\_\_\_\_

Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

**FRAUD WARNINGS (Last updated 6/21)**

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, 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.

**NOTICE TO COLORADO APPLICANTS:** 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 FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT 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 COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

FRAUD WARNINGS CONTINUED

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT 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.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO OREGON APPLICANTS:** 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND \*NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE (\*NOT APPLICABLE IN MISSOURI). MONTANA RESIDENTS: PURSUANT TO MONTANA STATUTE 33-15-403, ALL STATEMENTS AND DESCRIPTIONS MADE IN THIS APPLICATION SHALL BE CONSIDERED TO BE REPRESENTATIONS AND NOT WARRANTIES. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_  
Today's Date

(Producer will fill in this information)

Producer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_