



Airport Liability Application Form

NAMED INSURED: _____	HOME PHONE: _____	FAX: _____
ADDRESS: _____	PROVINCE: _____	POSTAL CODE: _____
EMAIL ADDRESS: _____	MOBILE PHONE: _____	WORK PHONE: _____
<input type="checkbox"/> NEW POLICY <input type="checkbox"/> POLICY RENEWAL CURRENT POLICY EXPIRY: _____		HOW DID YOU HEAR ABOUT AIR1? _____
CURRENT BROKER: _____	YEARS WITH: _____	CURRENT UNDERWRITER: _____
		YEARS WITH: _____

I WOULD ALSO LIKE TO RECEIVE A QUOTE FOR THE FOLLOWING:	EXPIRY DATES:	<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> Farm	<input type="checkbox"/> Marine	<input type="checkbox"/> Other:
		,20__	,20__	,20__	,20__	,20__

Airport Details

LEGAL ADDRESS OF THE AIRPORT: _____					
RUNWAY: (LIST EACH ONE)	CONSTRUCTION: (PAVED, GRAVEL, GRASS)	LENGTH:	WIDTH:	CERTIFIED:	
1)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
2)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
3)				<input type="checkbox"/> YES	<input type="checkbox"/> NO
QUESTIONNAIRE	YES	NO			
HOW LONG HAS AIRPORT BEEN IN EXISTENCE?			YEARS: _____		
REVENUE GENERATED FROM USE OF AIRPORT:			TIE DOWNS: \$ _____	HANGARS: \$ _____	OTHER: \$ _____
AIR TRAFFIC IS CONTROLLED:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNCONTROLLED <input type="checkbox"/> TOWER	<input type="checkbox"/> UNICOM - OPERATED BY: _____	
IS THERE AN AIRPORT MANAGER?	<input type="checkbox"/>	<input type="checkbox"/>	WHO EMPLOYS THE MANAGER? _____		
WHO MAINTAINS THE AIRPORT?			<input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER (NAME): _____		
IS THE AIRPORT FENCED?	<input type="checkbox"/>	<input type="checkbox"/>			
IS THERE A FIRE STATION LOCATED AT THE AIRPORT?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, HOW MANY KILOMETERS FROM AIRPORT? KM: _____		
IS THERE EMERGENCY EQUIPMENT LOCATED AT THE AIRPORT?	<input type="checkbox"/>	<input type="checkbox"/>	LIST:	_____	
DOES THE APPLICANT MAINTAIN AN AIR CRASH EMERGENCY PLAN?	<input type="checkbox"/>	<input type="checkbox"/>			
IS THE AIRPORT USED AT NIGHT?	<input type="checkbox"/>	<input type="checkbox"/>			
IS THE AIRPORT USED DURING THE WINTER MONTHS?	<input type="checkbox"/>	<input type="checkbox"/>			
IF YES TO WINTER USE, DO YOU PROVIDE SNOW CLEARING MAINTENANCE?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, WHO DOES: _____		
			DO YOU REQUIRE THE CONTRACTOR TO CARRY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU PROVIDE GRASS CUTTING MAINTENANCE AT THE AIRPORT?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, WHO DOES: _____		
			DO YOU REQUIRE THE CONTRACTOR TO CARRY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU PROVIDE GENERAL MAINTENANCE AT THE AIRPORT?	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, WHO DOES: _____		
			DO YOU REQUIRE THE CONTRACTOR TO CARRY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		



QUESTIONNAIRE (CONTINUED...)	YES	NO	
ARE ANY PARACHUTING OPERATIONS AT THE AIRPORT?	<input type="checkbox"/>	<input type="checkbox"/>	
ARE ANY NON AVIATION ACTIVITIES OR FACILITIES AT THE AIRPORT?	<input type="checkbox"/>	<input type="checkbox"/>	DESCRIBE:
DO YOU HOST ANY OR SPONSOR ANY AIRSHOWS OR AIRMEETS?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, PROVIDE FULL DETAILS:
DO ANY SCHEDULED COMMERCIAL AIRCRAFT USE THE AIRPORT?	<input type="checkbox"/>	<input type="checkbox"/>	IF YES, PLEASE NAME THE COMMERCIAL OPERATOR:
			1)
			2)
NUMBER OF ANNUAL MOVEMENTS:			COMMERCIAL AIRCRAFT:
			PRIVATE AIRCRAFT:
			HELICOPTERS:
HOW MANY AIRCRAFT ARE BASED AT THE AIRPORT?			STATE NUMBER:
DO YOU EXPECT TO DO ANY CONSTRUCTION WORK AT THE AIRPORT IN THE NEXT 12 MONTHS?	<input type="checkbox"/>	<input type="checkbox"/>	DESCRIBE:

Hangar Details

PLEASE PROVIDE DETAILS OF THE HANGARS OR BUILDINGS LOCATED AT YOUR AIRPORT:

LOCATION - STATE ALL LOCATIONS	AGE	SIZE	CONSTRUCTION	HEATING	SPRINKLERS
1)					<input type="checkbox"/> YES <input type="checkbox"/> NO
2)					<input type="checkbox"/> YES <input type="checkbox"/> NO
3)					<input type="checkbox"/> YES <input type="checkbox"/> NO
4)					<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST THE OCCUPANTS OF THE HANGARS OR BUILDINGS LISTED ABOVE:

1)
2)
3)
4)

DO YOU REQUIRE THAT THE TENANTS CARRY LIABILITY INSURANCE FOR THE USE OF THE HANGAR OR BUILDINGS? YES NO

DO YOU REQUIRE AND OBTAIN A HOLD HARMLESS FROM YOUR TENANTS? YES NO

Hangarkeepers Coverage

IF YOU ARE RESPONSIBLE FOR ANY AIRCRAFT TIED DOWN OR HANGARED AT YOUR AIRPORT PLEASE COMPLETE THE FOLLOWING.

STATE NUMBER OF AIRCRAFT IN YOUR CARE CUSTODY OR CONTROL:

	AVERAGE		MAXIMUM	
	HANGARED	TIED DOWN	HANGARED	TIED DOWN
VALUE ANY ONE AIRCRAFT:	\$: #:	\$: #:	\$: #:	\$: #:
VALUE OF ALL AIRCRAFT:	\$: #:	\$: #:	\$: #:	\$: #:

ARE YOU RESPONSIBLE FOR MOVING OTHER PEOPLES' AIRCRAFT? YES NO



DO YOU HAVE ANY SIGNED AGREEMENT SUCH AS A HOLD HARMLESS FOR AIRCRAFT THAT ARE IN YOUR CARE CUSTODY AND CONTROL? YES NO

IF YES, PLEASE ATTACH A COPY OF THE STANDARD AGREEMENT.

Ramp Services

IF YOU PROVIDE ANY RAMP SERVICES PLEASE COMPLETE THE FOLLOWING.

IF YOU PROVIDE SERVICES TO THIRD PARTY AIRCRAFT FOR THE PREPARATION OF A FLIGHT OR ARRIVAL OF A FLIGHT PLEASE COMPLETE THE FOLLOWING DETAILS.

TYPE OF OPERATION:	YES	NO	PAST 12 MONTHS	ESTIMATED FOR NEXT 12 MONTHS
LOADING OR UNLOADING OF BAGGAGE:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
LOADING OR UNLOADING OF CARGO:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
MARSHALLING:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
DEICING:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
TOWING:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
POWER STARTS:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
FUELLING AV GAS:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			LITRES PUMPED:	LITRES PUMPED:
FUELLING JET FUEL:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			LITRES PUMPED:	LITRES PUMPED:
GROOMING:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
OTHER (DESCRIBE):	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Coverages Required

		LIMIT PER OCCURRENCE:	ALTERNATE LIMITS:
1) AIRPORT OF PREMISES, PROPERTY & OPERATIONS:	LIMIT PER OCCURRENCE:	\$	\$
2) HANGARKEEPERS:	LIMIT PER AIRCRAFT:	\$	\$
	LIMIT PER OCCURRENCE:	\$	\$
3) PRODUCTS:	LIMIT PER OCCURRENCE & IN THE AGGREGATE:	\$	\$

Loss and Violation History

GIVE A BRIEF DESCRIPTION OF ANY ACCIDENTS THAT YOU OR YOUR OPERATION, HAVE HAD IN THE PAST 5 YEARS, INCLUDING DATE OF LOSS, DETAILS OF THE ACCIDENT AND AMOUNT OF LOSS.

I/WE DECLARE THAT THE STATEMENT AND DECLARATIONS MADE ABOVE ARE TRUE AND THAT NO INFORMATION HAS BEEN WITHHELD THAT MIGHT INFLUENCE ANY ACCEPTANCE OF INSURANCE; AND I/WE AGREE THAT THE STATEMENTS AND DECLARATIONS GIVEN ABOVE AND THE APPLICATION SIGNED BY ME/US WILL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURER.

APPLICANT'S SIGNATURE

DATE