



## 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