



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.
Fuel & Lubricants Airshows
Tiedowns & Hangaring Aircraft Maintenance
Landing Fees Aircraft Charter
New Aircraft Rental & Instruction
Used Aircraft Restaurant
Aircraft Parts Auto Parking
List all other sources and receipts below. Use separate sheet if needed. 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? No Yes (attach copies)
Does applicant use uniform customer contracts for hangaring, service, etc? No Yes (attach copies)
Does applicant require "hold harmless" coverage? Yes No
Give details of minimum limits required from: Airlines \$, FOB's \$, Concessionaires \$
Is applicant named as Additional Insured? Yes No

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 Taxes that serve airport currently and next three years: _____

Largest value aircraft using airport: Aircraft _____ Value \$ _____	Present Year	Next Year (est.)	Following Year (est.)
Total Estimated:	_____	_____	_____
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

William J. Grohs Aviation, Inc.

Waterbury-Oxford Airport - Tower Building - Oxford, CT 06478-1096

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 ACE Property and Casualty Insurance Company specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by ACE Property and Casualty 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.