

PHOENIX AVIATION MANAGERS, INC.

GENERAL AVIATION AIRPORT LIABILITY APPLICATION
(Not for use if Airline or Commuter Operations involved.)

This application does not commit the Insurer to any liability nor make the Applicant liable for any premium unless and until Phoenix Aviation Managers, Inc., specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by Phoenix Aviation Managers, Inc.

EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1. Is this a Public Bid? Yes No

(Note: If yes, the complete bid specifications must be attached)

2. Name and Address of Applicant:

APPLICANT IS: Corporation Partnership* Municipality
 Individual Estate

* If Partnership give names of Officers or Partners, listed below.

3. Coverage to be effective from: _____ to:

(Standard time at address of Applicant) both days at 12:01 AM.

4. Name and Location of Airport: _____

Airport Identifier: _____

5. FAA Airport Classification:

6. Interest of Applicant in Airport: Owner General Lessee Tenant

7. Is Airport Fenced? Yes No

8. Is a Fire Station on premises, if not who responds and how far away?

9. Is a Manager on premises 24 hours a day? Yes No

If no, when?

10. Is Airport Manager an employee of the Named Insured? Yes No

If no, of whom and supply a copy of the contract.

11. a) Are there any Non-Aviation activities at the Airport? Yes No

Describe:

- b) Are there any Ultra-light, parachute or balloon operations? Yes No

Describe:

- | | <u>This Fiscal Year</u> | <u>Next Fiscal Year</u> |
|---|--------------------------------|--------------------------------|
| 12. Total Aircraft Operations (Take-offs and Landings): | _____ | |
| a) General Aviation / Air Taxi | _____ | |
| b) Military | _____ | |
| c) Total Operations | _____ | |
| 13. a) Largest Aircraft Type commonly using the Airport: | | |
| b) Who operates the Aircraft in a)? | | |
| 14. Do you engage directly in any of the following operations? | | <u>Annual Receipts</u> |
| a) Aircraft Sold - New | | |
| ▪ Fixed Wing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Helicopter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Aircraft Sold - Used | | |
| ▪ Fixed Wing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Helicopter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Aircraft Repairs & Service (including parts installed) | | |
| ▪ Fixed Wing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Helicopter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Aircraft Parts Sold - not installed | | |
| ▪ Fixed Wing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Helicopter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Aircraft Fuel & Oil | | |
| ▪ Airlines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ General Aviation (including Helicopters) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Cargo Handling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Cargo Storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Security Screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Rental & Instruction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j) Restaurant Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k) Passenger / Shuttle Bus or Van Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l) Agricultural Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m) Airmeets, Contests, Exhibitions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n) Other Operations (describe below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o) Are you planning to change any of your historical operations? (Describe below) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

15. FUELING: On Premises? Yes No Done by Applicant? Yes No
 Fueling is by: Truck Hydrant Gas pump Gas pit Other
 Fuel Storage Facilities: Underground _____ gallons
 Above ground _____ gallons
 Does Applicant refuel/defuel any scheduled airlines? Yes No
 If yes, describe type aircraft and number fueled per day. _____

16. If you answered yes to Aircraft or Helicopter Repairs & Service, describe the type of Aircraft and Helicopters serviced and the scope of your work. _____

17. Air Meets, Contests, Exhibitions - Your policy excludes Air Meets, Contests and Exhibitions without our prior agreement, but does not exclude "Static Displays". If you plan to have an Air Meet, Contest or Exhibition, different conditions will apply. Contact your Insurance Agent for details.
 Are you planning to have an Air meet, contest or exhibition other than static display? Yes No

18. Does the Airport have a Control Tower? Yes No
 If Yes, does the FAA operate the Control Tower? Yes No
 If the Control Tower is not operated by the FAA:
 A) Who Operates it?
 B) How much insurance do they carry?
 C) When does their insurance expire?
 D) Do they hold you harmless?
 E) Does their insurance policy include you as an insured?
 F) Is this contract for the operation of the tower between you and the operator or between the FAA and the operator?

19. Tie Down & Hangaring by Applicant:
 Do you rent hangars or tie-downs directly to the aircraft owners or to fixed base operators, who in turn rent to aircraft owners? Owners FBO's
 Are Aircraft of others taxied or moved by Applicant? Yes No
 Who provides tie down ropes/chains, etc.?
 Number of:
 Tied down 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 \$ _____

Number of: Ultra-light A/C _____ Helicopters

20. Does Applicant charge for Automobile Parking? Yes No

If yes, give area:

21. Estimated Structural Alterations: **Runways/Taxiways** **All Other**

a) By Independent Contractors - cost next 12 months: \$ _____ \$

b) By Applicant - cost next 12 months: \$ _____ \$

22. As respects incidental Malpractice, do you employ any full time nurses, doctors, and if so, please give full details:

23. **NUMBER** **WHO MAINTAINS**

a) Elevators _____

b) Escalators _____

c) Moving Sidewalks _____

24. **NUMBER**

d) Fuel Trucks _____

e) Movers _____

f) Snow Removal _____

g) Pick up Trucks _____

h) Fire Engine _____

i) Passenger Cars _____

j) Tugs _____

k) Fixed Wing Aircraft owned by Applicant _____

l) Helicopters owned by Applicant _____

m) Other _____

25. Minimum Limits that you require to be provided: **Minimum Limits Required by You Should be not Less Than** **Are You Named as an Additional Assured**

a) Fixed Base Operators \$ 2,000,000 Yes No

b) Concessionaires \$ 1,000,000 Yes No

c) Contractors performing structural alteration or repairs \$ 5,000,000 Yes No

d) Others (describe below)

g) Attach samples of your Standard Agreements. Are they all similar? If not, advise details on separate sheet and/or provide copies of contracts.

VERY IMPORTANT

If your minimum limits required by you are not as high as those shown above, you must complete Page 7 of the application. By leaving Page 7 blank you are stipulating that the Insured requires the minimum limits of liability as stated above.

26. NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:

- a) Number of hours per year when you use a non-owned aircraft piloted by people other than employees of the Applicant and type of aircraft and maximum seating:

- b) Number of hours per year when employees of Applicant use non-owned aircraft on Applicant's business and type of aircraft and maximum seating:

- c) As respects (b) above, each employee pilot must complete Pilot History Form, which may be obtained from your agent.

27. Have you had any claims during the current policy period or during the prior 5 years thereto?

Yes No If yes, please provide:

<u>Date of Loss</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Outstanding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Give breakdown of each claim over \$5,000 by date, description and amount paid and/or reserved.

28. COVERAGE TO BE QUOTED:

- (a) Single Limit Bodily Injury, and Property Damage Liability Combined \$_____ each occurrence and annual aggregate as respects Products-Completed Operations and Malpractice. Personal/Advertising Injury can be included for a sublimit of not more than \$25,000,000 any one offense/aggregate over the primary and excess policies combined.

30. PRESENT COVERAGES: **Airport Liability**

- (a) Present Company
- (b) Limits of Liability
- (c) Deductible
- (d) Expiration Date
- (e) During the last year, no insurer has cancelled or refused to renew the Applicant's aviation insurance except:

(State "No Exception" or name insurer, date and reason)

REMARKS

_____ 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.

BY: _____
Applicant's Signature

DATED:

The following must be completed by Agent or Broker before Policy can be issued:

Name/Address of Agent or Broker: _____

Are you licensed in the state where the Insured is located as: _____ Surplus Lines Broker
_____ Agent

As an Agent of Old Republic Insurance Company in the state where the Insured is located? Yes No

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.

*Phoenix Aviation Managers, Inc.
1255 Roberts Boulevard
Suite 200
Kennesaw, Georgia 30144*

*Phoenix Aviation Managers, (Texas) Inc.
15660 N. Dallas Parkway
Suite 1100
Dallas, Texas 75248*

<u>Permittee/ Lessee</u>	Business of <u>Permittee/ Lessee</u>	Limits of Liability Contract Requires <u>Permittee/Lessee to Carry</u>	Does Contract With Permittee/Lessee Hold Harmless & <u>Indemnify Airport</u>	Permittee/Lessee Include Airport as an <u>Additional Insured</u>	What is the Renewal Date <u>Of Contract</u>	What Cancellation Or Review Provisions are Contained in the Contract as Respects Insurance <u>Requirements</u>	If the Limit Required is Less Than the Minimum Limits shown Under Item 25 of the Application Please Contact the Lessee /Permittee and Ascertain What Actual Limits Are Carried <u>Fill it in Below</u>
------------------------------	---	--	---	---	---	---	---