



AIRPORT INSURANCE APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

APPLICANT IS: Individual Corporation Partnership (name each partner) _____

whose business is: _____

Quotation for Airport Liability insurance is requested for an annual period beginning _____

Name of airport _____ located _____ miles _____ of _____
(north, east, south, west) (city)

APPLICANT IS: Tenant General Lessee Airport owner Present Insurance Expires _____

OPERATIONS of APPLICANT		Indicate all operations and estimated annual gross receipts.		List all other sources and receipts below. Use separate sheet if necessary.	
Fuel & Lubricants necessary	\$ _____	Aircraft Repair	\$ _____		
Tiedowns & Hangaring	\$ _____	Aircraft Charter	\$ _____	\$ _____	\$ _____
Landing Fees	\$ _____	Rental & Instruction	\$ _____	\$ _____	\$ _____
New Aircraft	\$ _____	Helicopter Repairs	\$ _____	\$ _____	\$ _____
Used Aircraft	\$ _____	Restaurant	\$ _____	\$ _____	\$ _____
Aircraft Parts	\$ _____	Auto Parking	\$ _____	Total ---	\$ _____

FUELING: On premises YES NO Done by applicant YES NO

FUELING is by: Truck Hydrant Gas pump Gas pit _____ (other)

Annual Gallonage: Airline _____ gallons; General Aviation _____ gallons; Military _____ gallons.

Type of fuel sold: AVGAS JET FUEL

Fuel Storage Facilities: Underground _____ gallons; Above ground _____ gallons.

Annual Gallonage of Turbine Engine Fuel: _____ gallons.

TIE DOWN & HANGARING by APPLICANT -- are aircraft of others taxied, towed or moved by applicant? NO YES

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 \$ _____

APPLICANTS 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 Aircraft owned or operated by applicant _____; number of Helicopters _____

CONTRACTS --- Has applicant entered into any written agreements assuming the liability of others, such s 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 sample)

CONSTRUCTION by Independent Contractors – show estimated cost by type of construction---

Runways & taxiways \$ _____ next year; \$ _____ next three years.

All others (describe) _____ \$ _____ next year; \$ _____ next three years.

AIRPORT DESCRIPTION – Elevation is _____ ft.; Longest runway is _____ ft.

Number of aircraft based at airport: Airline _____, General Aviation _____, Military _____

Runway Construction: Concrete Turf Gravel Blacktop Other _____; Are runways lighted? NO YES

Aircraft traffic is controlled -- NO YES – by Tower Unicom – Operated by: _____

Is there an airport manager? NO YES Employed by: _____

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? NO YES 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 – complete the following and enclose a map or FAA Form 5010-1

Airport manager is: Employee of applicant; Independent Contractor (furnish copy of contract)

Any recreational or other Non-Aviation facilities or use of Airport premises? NO YES (describe)

List Airlines and Scheduled Air Taxis that will serve this airport during next three years:

Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST.)	FOLLOWING YEAR (EST.)
Revenue Passengers			
.....			
Airline Aircraft			
General Aviation Aircraft			
Military Aircraft			

LIABILITY COVERAGE – state limits of liability desired	EACH PERSON			EACH OCCURRENCE	
Bodily Injury Liability	\$	X	X	X	\$
Property Damage Liability		X	X	X	\$
Single Limit Bodily Injury and Property Damage		X	X	X	\$
Ground Hangarkeepers Liability	\$	EACH AIRCRAFT			\$

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 insurer canceled, declined or refused to renew any airport/aviation insurance? NO YES

Name of last or present airport/aviation insurance company:

I/We authorize the following agent or broker to represent me/us in the placing of this insurance:

William J. Grohs Aviation, Inc. Waterbury-Oxford Airport - Tower Building - Oxford, CT 06478

I/We warrant that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by the United States Aviation Underwriters, Incorporated, the full amount of premium becomes immediately due and payable. I/We authorize the United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date 19..... X
PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE IS REQUIRED

Agent represents following member company(ies) of USAIG:

Agent or broker --- please send to:



NEW YORK • ATLANTA • CHICAGO • DALLAS • DENVER • HOUSTON • LOS ANGELES
 MEMPHIS • MINNEAPOLIS • PITTSBURGH • SAN FRANCISCO • ST. LOUIS • SEATTLE •
 TOLEDO • WICHITA