

AIRPORT LIABILITY INSURANCE APPLICATION

RETURN W. Brown & Associates Insurance Services **PRODUCER:** William J. Grohs Aviation, Inc.
TO: Aviation Managers for XL Specialty Insurance Co. **ADDRESS:** Waterbury-Oxford Airport - Tower Building
19000 MacArthur Boulevard, Suite 700 **CITY:** Oxford **STATE:** CT **ZIP:** 06478
Irvine, CA 92612 **PHONE:** (203) 262-1552 **FAX:** (203) 262-1556

Check which is desired: **Quotation** **Insurance**

I. GENERAL INFORMATION:

APPLICANT _____

ADDRESS _____

APPLICANT IS: Individual(s) Corporation Partnership Other

Insurance is requested from _____, 20____ To _____, 20____

Name of Airport _____ located _____ miles _____ of _____

- 1 Applicant's Interest in Airport: _____ Owner_____ Lessor_____ Lessee _____ Trustee
_____ Other: Specify _____
- 2 Airport Budget: \$ _____ Last 12 Months \$ _____ Estimated Next 12 Months
- 3 FAA Airport Classification: _____
- 4 Airport Altitude: _____
- 5 Airport Manager: _____
- 6 Manager's Length of Experience in Airport Operations: _____
- 7 How long has the Applicant employed Manager? _____
- 8 List Certificate Restrictions & Exemptions: _____

II. PREMISES / OPERATIONS

1. Are there Control Tower Operations? Yes No If Yes, name operator: _____
Is Control Tower operation Full Time or Part Time? If Part Time, specify operating hours: _____
2. Does Airport operate Unicom Service? Yes No
3. Does the Airport own, lease or maintain any Navaids, Radars, Windshear Detectors or Aircraft Communications Systems?
 Yes No If Yes, describe: _____

4. Does the Airport inspect or maintain runways, taxiways or ramps? Yes No If No, identify the inspection firm: _____

Frequency of Inspections: _____
5. Describe All Runways, Taxiways, Ramps:

	Heading	Length	Width	Surface	Describe All Obstructions
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____

6. Does the Airport Maintain or Operate Fuel Storage Facilities? Yes No If Yes, are tanks above ground? Yes No

How often are tanks inspected? _____ By Whom: _____

7. Describe all non-aviation activities conducted on the Airport (include storage, lodging, industrial, etc.): _____

8. Does the Airport:

a) Maintain Air Crash Emergency Plan? Yes No

b) Maintain Anti Terrorist Plan? Yes No

c) Employ Medical Personnel? Yes No

If Yes, please describe: _____

d) Base firefighting vehicles on the airport at all times? Yes No

If No, what is distance to closest fire department station? _____ Miles

e) Maintain Bird Strike Prevention Program? Yes No

f) Operate Airport vehicles ON the Airport? Yes No

If Yes, please describe _____

g) Operate Airport vehicles OFF the Airport? Yes No

If Yes, please describe _____

h) Own, operate, use or maintain any off-premises locations for which coverage is requested? Yes No

If Yes, please describe all locations and uses: _____

i) Charge parking fees? Yes No No. of Spaces _____ Area of Parking Lot _____

j) Host or sponsor Air Shows, Contests or Exhibitions? Yes No If Yes, describe: _____

k) Operate any of the following:

Elevators Yes No How Many? _____ Who Maintains? _____

Escalators Yes No How Many? _____ Who Maintains? _____

Moving Sidewalks Yes No How Many? _____ Who Maintains? _____

Automated Passenger Trains Yes No How Many? _____ Who Maintains? _____

l) Employ janitorial service? Yes No

9. Is the Airport completely fenced? Yes No

Does the Airport maintain an Airport Security Patrol? Yes No If Yes, describe: _____

Is the Airport patrolled by local police? Yes No If Yes, how often? _____

10. Are there any active, inactive or abandoned dumps, landfills or aircraft salvage yards located on, adjacent to or nearby the Airport?

Yes No If Yes, Please provide details: _____

11. Estimated Number of Aircraft Landings:

	Last Year	This Year	Next Year (Est.)
General Aviation			
Commuter Airlines			
Other Airlines			
Military			
Total Landings			

12. Estimated Number of Enplaned Passengers: This Year _____ Next Year _____ (Estimated)

13. Largest Aircraft Using Airport: _____
 Make & Model

Operated by: _____

14. List all scheduled carriers using the Airport: _____

III. PRODUCTS / COMPLETED OPERATIONS OF APPLICANT: (Indicate all operations and estimated gross receipts)

Does the Airport provide Any of the following?

		Yes / No	Previous Year's Gross Sales	Current Year's Gross Sales	Next Year's Estimated Gross Sales
A.	Aircraft Fueling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	1) Airlines Including Commuters	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	2) Other Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	If Yes, frequency of fuel testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
B.	Aircraft Maintenance & Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
C.	Aircraft Parts or Accessory Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
D.	Cargo / Baggage Handling or Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
E.	Passenger Baggage or Security Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
F.	Aircraft Towing (In or out of Hangars)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
G.	Aircraft De-icing	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
H.	Restaurant or Vending Machines	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
I.	Renting space for Retail or Service Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
J.	Renting or Leasing Land or Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
K.	Other Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

IV. CONSTRUCTION BY INDEPENDENT CONTRACTORS

Show Estimated Cost by type of construction expected during the next 12 months:

Runways & Taxiways \$ _____
 All Others \$ _____

V. CONTRACTUAL LIABILITY

All written contracts and agreements must be submitted to the insurance company within 30 days of the date on which the Airport receives the document. Additional premium may be charged for the inclusion of such contract or agreement.

VI. HANGARKEEPERS LIABILITY

1) Does the Airport have any non-owned aircraft in its custody for storage, safekeeping, repair and / or servicing? Yes No
If Yes, then complete the following questions:

2) Number of hangars: _____ Number of tie-down / parking spaces: _____

3) Describe each hangar providing age, construction material, size and fire sprinkler details: _____

4) Average value of ANY one Aircraft \$ _____

5) Average value of ALL Aircraft: \$ _____

6) Maximum value of ANY one Aircraft \$ _____

7) Maximum value of ALL Aircraft \$ _____

8) Maximum value in ANY one hangar \$ _____

Maximum value on ANY one tie-down ramp \$ _____

9) Rental / Leasing Operations

	<u>Current Year</u>	<u>Last Year</u>
a) Gross revenues for hangar rental or lease	\$ _____	\$ _____
b) Gross revenues for tie-down rental or lease	\$ _____	\$ _____

VIII. LOSS HISTORY

List ALL claims occurring during the past 5 years other than those associated with Workers Compensation. Attach separate sheet(s) if necessary. Attach loss runs provided by your insurance company if available.

DATE OF LOSS	DESCRIPTION OF LOSS	PAID	CLAIMS DATA	
			OUTSTANDING RESERVES	EXPENSES
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Are loss amounts shown above reduced by a deductible? Yes No If Yes, specify amount \$ _____

Are loss amounts shown above reduced by a self-insured retention? Yes No If Yes, specify amount \$ _____

Has any Insurer cancelled, declined or refused to renew the Applicant's Insurance? Yes No If Yes, explain:

IX. CURRENT INSURANCE

Name of current Insurer: _____

Expiration Date of current coverage: _____

Current Policy Limits: \$ _____ Premium: \$ _____

X. REQUESTED COVERAGE AND LIMITS

1. Limit A. Combined Single Limit \$ _____

B. Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence

Property Damage \$ _____

2. Requested Coverage(s):

 Premises & Operations Products & Completed Operations Contractual Liability Owners & Contractors Protective Premises Medical Payments \$ _____ Per Person

\$ _____ Per Occurrence

 Personal Injury _____ cluding Advertising Liability Hangarkeepers Liability \$ _____ Per Person

\$ _____ Per Occurrence

Other (specify): _____

I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I/we agree that this application shall be a basis of my acceptance by W. Brown & Associates Insurance Services. **FRAUD WARNING:** Any person who knowingly and with intent to defraud any 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 and subjects such person to criminal and civil penalties.

Applicant's Signature: _____ Date: _____

Printed Name: _____ Title: _____