

AVIATION INSURANCE MANAGERS, INC.

11650 CLEVELAND AVENUE, N.W.
UNIONTOWN, OHIO 44685
PHONE: (800) 827-4554 FAX: (330) 494-8600

AIRPORT LIABILITY APPLICATION

I. APPLICANT INFORMATION

1. Name: _____

2. Mailing Address(es): _____

3. Effective from _____ (A.M./P.M.) _____ to 12:01 A.M. _____

II. GENERAL INFORMATION

1. Name & Location of this Airport (this application is only for one airport location). _____
2. Applicant's interest in Airport is: Owner _____; Lessor _____; Lessee _____; Trustee _____; Other (describe): _____
3. Airport Altitude _____ 8. Airport Identifier _____

III. PREMISES - OPERATIONS

1. Control Tower Operation: _____ No Control Tower; _____ is only by FAA; _____ is by _____
2. Does Applicant maintain/operate fuel storage facilities? [] Yes [] No
3. Non-Aviation activities on Airport: [] Lodging [] Industrial Park [] Storage
[] Farming [] Swimming Pools [] Other (describe) _____
4. Is Airport completely fenced? [] Yes [] No
5. Is Airport patrolled by local police? [] Yes [] No
If so, how often? _____
6. Total number of Aircraft regularly based at the Airport? _____
7. Does Applicant tow or move Aircraft? [] Yes [] No
8. Estimated number of Aircraft takeoffs & landings combined for the coming 12 months:
A) General Aviation _____
B) Commuter/Scheduled Airlines _____
C) Military _____
Total _____

III. PREMISES - OPERATIONS-continued

- | | | |
|---|-----|-----|
| 9. Does Applicant: | Yes | No |
| A) Maintain Air Crash Emergency Plan? | [] | [] |
| B) Maintain Anti-Terrorist Plan? | [] | [] |
| C) Employ Medical Personnel? | [] | [] |
| Describe: _____ | | |
| D) Base Fire Fighting vehicles on the Airport full time? | [] | [] |
| If No, distance to nearest Fire Department _____ Miles | | |
| E) Maintain Bird Strike prevention program? | [] | [] |
| F) Operate any Airport vehicles off the Airport? | [] | [] |
| Describe: _____ | | |
| G) Maintain an Airport Security Patrol? | [] | [] |
| H) Own, operate, use or maintain any off-Airport premises to be covered? | [] | [] |
| Describe all locations & uses: _____ | | |
| _____ | | |
| I) Charge for Auto Parking? | [] | [] |
| Number of Parking Spaces _____ | | |
| J) Host/sponsor/operate/permit any Airshows, Airmeets or any form of Exhibitions? | [] | [] |
| Describe: _____ | | |
| K) Operate: Elevators? _____ #-_____; Escalators? _____ #-_____; Moving Sidewalks? _____ #-_____; Automated Trains? _____ #-_____ | | |
| If so, who maintains each of the above | | |
| Elevators & Escalators? _____ | | |
| Moving Sidewalks? _____ | | |
| Automated Trains? _____ | | |

10. Estimated number of enplaned Airline &/or Commuter passengers this year _____

11. Largest Aircraft using Airport _____ By _____
Make & Model Name of Operator

12. Runways:

HEADING	LENGTH	WIDTH	SURFACE	DESCRIBE ALL OBSTRUCTIONS
1. _____				
2. _____				
3. _____				

13. List all Air Carriers using the Airport: _____

IV. GROUND HANGARKEEPERS LEGAL LIABILITY

Aircraft in your custody for Storage/Safekeeping/Repair/Serviceing

- 1) Number of hangars _____ 2) Number of tie-down/parking spaces _____
- 3) Describe each hangar (show age, construction, & size) _____

- 4) Average value of any one aircraft \$ _____
- 5) Maximum value any one aircraft \$ _____

V. CONSTRUCTION, DEMOLITION & ALTERATIONS - OWNERS & CONTRACTORS PROTECTIVE

Contract costs this year for:

	RUNWAYS	OTHER	DESCRIBE WORK
A) By Applicant	\$ _____	\$ _____	_____
B) By Independent Contractors	\$ _____	\$ _____	_____

IX. ADDITIONAL INSURED(S)

Are there Any Individuals or Entities Requiring to be included as Additional Insured(s)?
_____ . If so, please list each below:

NAME & ADDRESS

- 1) _____
- 2) _____
- 3) _____
- 4) _____

X. CURRENT INSURANCE

Name of Insurer _____ Expiration Date _____
 Coverages: _____
 Limits: \$ _____ Premium: \$ _____

XI. COVERAGES & LIMITS REQUESTED

LIMITS:

\$ _____ Each Occurrence-Combined Single Limit, Bodily
 Injury and Property Damage
 (An annual aggregate applies to products/completed operations & _____)

COVERAGES:

- Premises & Operations - **AMENDED TO INCLUDE LIABILITY ARISING OUT OF THE USE OWNERSHIP OR OPERATION OF MOBILE EQUIPMENT WHILE ON AIRPORT PREMISES.
- Products & Completed Operations
- Designated Contractual Liability
- Host Liquor Liability
- Incidental Medical Malpractice Liability
- Owners & Contractors Protective
- Medical Payments: \$ _____ each person/\$ _____ each occurrence
- Personal Injury including Advertising Injury
- Hangarkeepers Legal Liability: \$ _____ Each Aircraft
 \$ _____ Each Occurrence
 Deductible: \$ _____ Each _____
- Fire Legal Liability: \$ _____ Any One Fire
- Other (Specify) _____

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "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."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES, ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT REGULATORY AUTHORITIES."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF BENEFITS."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE. I/WE UNDERSTAND THAT NO INSURANCE IS IN FORCE UNLESS AND UNTIL ("UNDERWRITERS" STATED IN SECTION I "INSURER" ON THE FIRST PAGE OF THIS APPLICATION) EFFECTS A BINDER OF INSURANCE OR ISSUES A POLICY. IT IS UNDERSTOOD, HOWEVER, THAT IF INSURANCE IS ORDERED FROM AND ACCEPTED BY THE "UNDERWRITERS", THE FULL AMOUNT OF THE PREMIUM BECOMES IMMEDIATELY DUE AND PAYABLE. I/WE AUTHORIZE THE "UNDERWRITERS" TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN.

DATE

PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE