

G L O B A L A E R O S P A C E
APPLICATION FOR AIRPORT LIABILITY INSURANCE



Name of Applicant: _____

Address: _____

Business of Applicant: _____

Form of Business: Public entity Individual Partnership Joint Venture Other (Describe) _____

Applicant's interest in premises: Owner Lessee Other (Describe) _____

Applicant's occupancy is: Entire Part (Describe) _____

Name and Location of all Airport(s) to be insured: _____

Description and location of other premises or facilities used permanently, occasionally or on a temporary basis in conjunction with airport or business described above: _____

Airport Manager's Name: _____

Manager's length of experience in airport operations: _____ How long has manager been employed by applicant?: _____

Is airport certified under Federal Aviation Regulation Part 139? Yes No If "No", is airport completely fenced? Yes No

Does the applicant engage in:

If applicable, please provide annual sales receipts for:

			Last Year (Actual)	This Year (Est./Act.)	Next Year (Estimated)
Aircraft fueling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	\$ _____	\$ _____
Aircraft maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
Hangaring of aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
Rental of premises for retail stores or services?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
Rental or lease of hangars?	<input type="checkbox"/>	<input type="checkbox"/>			
Rental or lease of land or buildings?	<input type="checkbox"/>	<input type="checkbox"/>			
Operation of aircraft?	<input type="checkbox"/>	<input type="checkbox"/>			
Airline passenger security screening?	<input type="checkbox"/>	<input type="checkbox"/>			
Operation of control tower?	<input type="checkbox"/>	<input type="checkbox"/>			
Operation of Unicom?	<input type="checkbox"/>	<input type="checkbox"/>			
Towing or moving of aircraft?	<input type="checkbox"/>	<input type="checkbox"/>			
Ownership and/or maintenance of nav aids, windshear detectors, or aviation communications equipment?	<input type="checkbox"/>	<input type="checkbox"/>			
Other aviation activities on or off airport premises?	<input type="checkbox"/>	<input type="checkbox"/>	If "yes," describe: _____		

Any **non-aviation activities** on or off airport premises? Yes No If "yes," describe: _____

Value of aircraft in applicant's care, custody or control at any one time: Maximum all aircraft \$ _____ Maximum any one aircraft \$ _____

Do airlines use airport? Yes No

List all air carriers using the airport including commuter, charter, overnight, and cargo airlines: _____

Largest type of aircraft using the airport: _____

	Last Year (Actual)	This Year (Actual/Estimated)	Next Year (Estimated)
Total annual number of airline passenger enplanements and deplanements:	_____	_____	_____
Total annual number of aircraft movements:	_____	_____	_____

Describe airport crash, fire and rescue protection, EMS and ambulance service. If fire service is off airport, state location and distance.

_____ Who employs CFR and EMS staff? _____

Who provides general security and police services? _____

_____ Who employs security guards and police? _____

Who provides airline passenger security screening? _____

_____ Who employs security screening staff? _____

Does the applicant operate any medical facilities? Yes No Does the applicant employ or contract any medical personnel? Yes No

If "yes," describe: _____

Does applicant operate auto parking facilities? Yes No Name of independent operator of auto parking facility, if applicable: _____

Is applicant held harmless by auto parking operator? Yes No Annual revenues from auto parking: \$_____ Number of parking spaces: _____

Does applicant:

	Yes	No		Yes	No
Have in force a bird strike prevention plan?	<input type="checkbox"/>	<input type="checkbox"/>	Maintain other emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>
Maintain an air crash emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>	If "yes," describe: _____		

Describe all vehicles and mobile equipment operated by applicant (that are not insured elsewhere); Attach separate sheet if necessary. Are any vehicles or mobile equipment licensed for use on or used on public roads? Yes No
If "yes," describe: _____

Type	Special Equipment	Quantity	Type	Special Equipment	Quantity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who is responsible for inspection and maintenance of ramps, taxiways and runways? _____

Who is responsible for snow removal (if applicable)? _____

Who provides janitorial service? _____

Who employs janitorial staff? _____

Who owns fuel tank farms? _____

Who is responsible for their operation and maintenance? _____

Tanks are located: Above ground Name of Underground Storage Tank (UST) insurance company _____

Below ground Name of Environmental Impairment Liability insurance company: _____

UST and pollution insurance coverages provided _____

Are there any active, inactive or abandoned dumps, landfills or aircraft salvage yards on, adjacent to, or near airport? Yes No If "yes," describe: _____

Do airport premises contain:

	Quantity	Maintained by
Elevators? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Escalators? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Moving sidewalks? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Electric doors? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Passenger trams? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Workers Compensation insurance now in effect:

Carrier: _____ Expiration Date: _____
Limits _____

Has any insurer cancelled or refused to renew the applicant's insurance? Yes No

Is insurance being requested by public bid? Yes No If "Yes", attach complete bid specifications

Insurance is requested from 12:01 A.M. _____ 20 _____ to 12:01 A.M. _____ 20 _____
(standard time at address of applicant)

Coverages requested	Limits of Insurance
Bodily injury and property damage liability:	\$ _____ Aggregate
Personal and advertising injury liability:	\$ _____ Aggregate
Medical payments:	\$ _____ Each person
Hangarkeeper's liability:	\$ _____ Each loss

Deductibles requested: \$ _____ Each occurrence: \$ _____ Aggregate

Other requested coverages: _____

Additional insureds: _____

All particulars herein are declared to be 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. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Applicant's signature and title _____

This application does not commit the insurer to any liability nor make the applicant liable for any premium unless and until the company agrees to effect this insurance.

Name of agent or broker William J. Grohs Aviation, Inc.

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

Broker Agent Are you the holding producer? Yes No For how many years? _____

Global Aerospace Member Insurance Company in which agency license held _____

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