



AIRPORT LIABILITY APPLICATION

Insurance Provided by
Member Companies of
American International Group, Inc.

Applicant's Name: _____
 Mailing Address: _____
 Effective from _____ until _____ both at 12:01 a.m. standard time at the address above.
 Applicant is: Government Corporation Partnership (Name all partners): _____ Estate Other (describe): _____

GENERAL INFORMATION

Name & location of this Airport (this application is only for one airport location): _____
 Applicant interest in Airport is: Owner Lessor Applicant is: Lessee Trustee Other (describe): _____

If Applicant is Government:

- a. Does airport board/authority/commission or transportation authority operate airport? YES NO
 b. Does applicant submit airport insurance for public bid annually? YES NO
 c. Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers? YES NO

If YES to c. show:

Limits: \$ _____ Expiration date: _____ Deductible/S.I.R.: \$ _____

If NO to c., describe program fully (use extra sheet if necessary to provide full description): _____

d. Airport Budget Last Year: \$ _____ This Year: \$ _____

FAA Airport Classification: _____
 Airport altitude: _____ ft.
 List certificate restrictions and exemptions: _____

PREMISES - OPERATIONS

Control Tower Operation: No Control Tower FAA Tower Other – operated by: _____
 Operating Days/Hours are: _____

Applicant Does Does Not Operate Unicom Service

Are any NavAids, Radars, Windshear detectors or aircraft communications owned, leased or maintained by applicant? YES NO
 If YES, describe: _____

Runways, Taxiways, Ramps inspected/maintained by Applicant Other (Name of Firm): _____

Does applicant maintain/operate fuel storage facilities? YES NO

a. If YES, tanks are Above ground Below ground

b. Frequency of inspections: _____

Non-Aviation activities on Airport? Lodging Industrial Park Storage Farming Other (describe): _____

Does Applicant:

a. Maintain Air Crash Emergency Plan? YES NO

b. Maintain Anti-Terrorist Plan? YES NO

c. Employ Medical personnel? YES NO Do they have separate insurance coverage? YES NO

d. Base Fire Fighting vehicles on the Airport full time? Describe: _____

If NO, distance to nearest Fire Department: _____ miles YES NO

e. Maintain Wildlife and Bird Strike prevention program? YES NO

f. Own, operate, use or maintain any off-Airport premises to be covered? If YES, describe all locations & uses: _____ YES NO

g. Charge for auto parking? Number of parking spaces: _____ YES NO

h. Host/sponsor or operate Airshows? Describe: _____ YES NO

i. Number of: Elevators _____ Escalators _____ Moving Sidewalks _____ YES NO

Automated Passenger Trains _____ Automatic Doors _____

Who maintains?

Is Airport completely fenced in? YES NO
 a. Airport security is provided by: _____
 b. Frequency of patrols: _____ Do they have separate insurance coverage? YES NO

Estimated number of aircraft movements this year for:
 a. General Aviation # _____
 b. Commuter Airlines # _____
 c. Other Airlines # _____
 d. Military # _____
TOTAL: # _____

Estimated number of enplaned passengers this year: _____
 Largest Aircraft using Airport (make & model): _____ By (name of operator): _____

Runways:

	Heading	Length	Width	Surface	Describe all obstructions
1					
2					
3					
4					
5					

List all Air Carriers using the Airport: _____

PRODUCTS/COMPLETED OPERATIONS

Does Applicant engage in:

	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Gross Sales Last Year	Estimated This Year
a. Aircraft Fueling?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ _____ gallons	\$ _____ _____ gallons
b. Aircraft Maintenance/Repairs?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
c. Aircraft Parts/Accessories Sales?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
d. Cargo/Baggage Handling or Storage?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
e. Jetway or Planemate Operation?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
f. Passenger or Baggage Security Operations?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
g. Aircraft Towing?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
h. Aircraft De-icing?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
i. Restaurant/Vending Machine Operations?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
j. Airline ground support services?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
k. Control Tower?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
l. Other? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

HANGARKEEPERS LIABILITY (Aircraft in your custody for storage/safekeeping/repair/servicing)

a. Number of hangars: _____ b. Number of tie-down/parking spaces: _____
 c. Describe each hangar (Show age, construction materials, size, and if sprinklered. Use extra sheet if necessary to provide full description.) _____
 d. Average value any one aircraft: \$ _____ Average total: \$ _____
 e. Maximum value any one aircraft: \$ _____ Total all aircraft: \$ _____
 f. Maximum value any one hangar: \$ _____ Maximum value any one tie-down ramp: \$ _____
 g. Gross sales for: Last Year Estimated This Year
 Hangar rental/lease \$ _____ \$ _____
 Tie down rental/lease \$ _____ \$ _____

CONSTRUCTION, DEMOLITION & ALTERATIONS

Contract costs this year for:

	Runways	Other	Describe Work
a. By Applicant	\$ _____	\$ _____	\$ _____
b. By Independent Contractors	\$ _____	\$ _____	\$ _____

Is there an owner-controlled insurance program? YES NO Limit \$ _____
 If NO, minimum limit required of independent contractors: \$ _____
 Is Applicant included as additional insured? YES NO

CONTRACTUAL LIABILITY – Contracts held with the following operations:

Designated Contracts	Minimum Required Limits	Is Applicant Held Harmless?	Is Applicant Additional?
a. Commuters & Airlines	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Fixed Base Operators	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Concessionaires	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Contractors	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Control Tower Operator	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Janitors, escalator maintenance, security	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Others	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
h. Any contracts in which you assume the liability of others?	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES, attach copies of contracts. Attached

APPLICANTS VEHICLES: Identify the number of vehicles owned by, operated by or leased to applicant.

Snow Removal equipment _____ Fuel Trucks _____ Sweepers _____ Tugs _____
Crash-fire-rescue vehicles _____ Hydrant carts _____ Passenger cars _____ Pickup trucks _____
Passenger buses over 30 seats _____ Passenger buses 30 seats and under _____ Other _____
Describe any operation of vehicle off airport premises. _____

CLAIMS: List all claims for past 5 years – use separate paper to complete.

DATE	CAUSE	SETTLED, INCLUDING ALL COSTS	OPEN, INCLUDING RESERVES FOR DEFENSE AND SETTLEMENT

CURRENT INSURANCE

Name of insurance company: _____ Expiration Date: _____
Coverages: _____
Limits: _____ Deductible: \$ _____ Premium: \$ _____

COVERAGES & LIMITS REQUESTED

Coverage	Limits of Insurance
Commercial General Liability Coverage	\$ _____
General Aggregate Limit (other than Products/Completed Operations)	\$ _____
Products/Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Aggregate Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (any one fire)	\$ _____
Medical Expense Limit (any one person)	\$ _____
Hangarkeeper's Liability Coverage	\$ _____
Each Aircraft Limit	\$ _____
Each Loss Limit	\$ _____
Deductible (each aircraft)	\$ _____
TOTAL ADVANCE PREMIUM	\$ _____

POLICY DEDUCTIBLE

Each Occurrence: \$ _____ Annual Aggregate: \$ _____
Other coverages, restrictions, endorsements: _____

NON-OWNED AIRCRAFT: Provide following information with respect to non-owned aircraft operated by or on behalf of the airport.

Does airport use non-owned aircraft on airport business? YES NO

If YES, do employees pilot aircraft on airport business? YES NO

Describe types of aircraft flown on airport business: _____

Number of hours flown annually in all non-owned aircraft on applicant's business.

Number of hours flown in chartered aircraft.

Number of hours flown in rented / leased aircraft.

Number of hours flown in borrowed aircraft.

Provide current pilot experience forms for each employee pilot.

By Employees

By Others

Attached

NOTICE TO 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 or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

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 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.

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 of Regulatory Authorities.

NOTICE TO ARKANSAS AND 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 fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

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 insurance benefits.

NOTICE TO TENNESSEE AND 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO LOUISIANA 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-1-10, 36 S.S. 3613.1)

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. 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.

Applicant Signature

Today's Date

To Be Completed By Producer

Producer: William J. Grohs Aviation, Inc.

Address: Waterbury-Oxford Airport - Tower Building City: Oxford State: CT Zip: 06478-1096

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