



# 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 as 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 .....	_____	_____	_____

<b>LIABILITY COVERAGE</b> – 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  
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