

Airport Insurance Application Fixed Base Operations

RETURN: W. Brown & Associates Insurance Services **PRODUCER:** _____
TO: Aviation Managers for Catlin Insurance Company **ADDRESS:** _____
 19000 MacArthur Boulevard, Suite 700 **CITY:** _____ **STATE:** _____ **ZIP:** _____
 Irvine, CA 92612 **PHONE:** _____ **FAX:** _____

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

I. GENERAL INFORMATION

APPLICANT: _____

ADDRESS: _____

APPLICANT IS: Individual(s) Corporation Partnership Other

Description of Operations _____

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

Name of Airport _____ located _____ miles _____ of _____

Does Applicant occupy the entire airport? Yes No If No, what portion is occupied by applicant? _____

II. OPERATIONS OF APPLICANT: *Identify all operations performed and their estimated gross receipts for next 12 months*

<input type="checkbox"/> Aircraft Repair/Service \$ _____	<input type="checkbox"/> Propeller Repair/Overhaul \$ _____
<input type="checkbox"/> Fuel & Lubricants \$ _____	<input type="checkbox"/> Aircraft Charter \$ _____
<input type="checkbox"/> Engine Overhaul \$ _____	<input type="checkbox"/> Rental & Instruction \$ _____
<input type="checkbox"/> New Aircraft \$ _____	<input type="checkbox"/> Helicopter Repair/Service \$ _____
<input type="checkbox"/> Used Aircraft \$ _____	<input type="checkbox"/> Auto Parking \$ _____
<input type="checkbox"/> Aircraft Parts (not install) \$ _____	<input type="checkbox"/> Aircraft Painting \$ _____
<input type="checkbox"/> Tiedowns & Hangaring \$ _____	<input type="checkbox"/> Restaurant \$ _____
<input type="checkbox"/> List all other sources and receipts – use separate sheet if necessary	\$ _____
TOTAL	\$ _____

III. LIMITS OF LIABILITY: *Check box for coverage desired:* Premises Products/Completed Operations

LIABILITY COVERAGE State limits of liability desired	Each Person	Each Occurrence
Bodily Injury Liability	\$	\$
Property Damage Liability	XXXXXXXXXX	\$
Single Limit Bodily Injury and Property Damage	XXXXXXXXXX	\$
Ground Hangarkeepers Liability DEDUCTIBLE _____	\$	\$

IV. FUELING: On premises Yes No Done by Applicant Yes No Fueling by truck hydrant gas pump gas pit

Annual gallonage: Airline _____ gallons; General Aviation _____ gallons; Military _____ gallons.

Type of fuel sold: AVGAS JET FUEL AUTO GAS

Fuel storage facilities: Underground _____ gallons; Above ground _____ gallons.

Annual Gallonage of Turbine Engine Fuel: _____ gallons.

Are static lines attached during all refueling operations? _____ Are U.L. approved fire extinguishers carried? _____

V. TIE DOWN & HANGARING BY APPLICANT – Are aircraft of others taxied, towed or moved by applicant? Yes No

Are any aircraft tied-out? _____ Type of tie-down facility: _____

Average number of aircraft tied-out _____ Description of Storage Hangars _____

Average value of any one aircraft in custody of applicant \$ _____

Max. value of any one aircraft \$ _____

Average value of all aircraft in custody of applicant \$ _____ Max. value of all aircraft \$ _____

VI. CONTRACTS – Has applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? Yes No If Yes, attach copies

VII. CONSTRUCTION BY INDEPENDENT CONTRACTORS – show the estimated cost for all construction projects expected during next 12 months. Runways & Taxiways (describe) _____ \$ _____
 All other projects (describe) _____ \$ _____

VIII. 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? Yes No
 Is aircraft traffic controlled? No Yes – by Tower Unicom - operated by: _____
 Is there an airport manager? No Yes Employed by: _____
 Is manager on airport premises during hours of operation? Yes No Hours of operation _____ to _____
 Fire Station located at airport? Yes No If no, it is _____ miles from the airport.
 Is airport fenced? Yes No Who maintains the airport? _____

Is applicant Owner or General Lessee? – If so, complete the following and enclose a map or FAA Form 29-A.
 If applicant is General Lessee or Airport Owner, are any ULTRALIGHT, PARACHUTING or AGRICULTURAL activities conducted on premises? Yes No If Yes, explain _____

Airport Manager is: Employee of applicant Independent Contractor (*furnish copy of contract*)
 Are there any recreational facilities or other non-aviation use of airport premises? No Yes (*describe*) _____

List airlines and scheduled air taxis that will serve this airport during the next three years: _____

Total Estimated Arrival & Departures	Present Year	Next Year (Est.)	Following Year (Est.)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

IX. APPLICANT'S 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 _____ Pick-up Trucks _____ Passenger Cars _____ Other _____
 State number of: Elevators _____ Escalators _____ Moving Sidewalks _____
 How many aircraft are owned or operated by applicant: Fixed Wing _____ Helicopters _____

X. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE - Explain each "Yes" answer

Has applicant had any airport / aviation losses or claims during the last five years? Yes No _____
 Has any insurer cancelled, declined or refused to renew any airport / aviation insurance Yes No _____
 Name of last or present airport / aviation insurance company _____

I / we, 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 / our 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 Signature _____ **Date:** _____

Printed Name _____ **Title** _____

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance.

FRAUD NOTICES

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.

STATE SPECIFIC PROVISIONS Please Read Carefully

- Arkansas 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.
- Colorado 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- District of Columbia **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.
- Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- Hawaii For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Kentucky 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.
- Louisiana 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.
- Maine 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 denial of insurance benefits.
- Maryland Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New Mexico 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.

New York	<p>All commercial insurance forms, except as provided for automobile insurance 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 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.</p> <p>Automobile insurance forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>
Ohio	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.
Oklahoma	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.
Oregon	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 MAY BE guilty of insurance fraud."
Pennsylvania	<p>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.</p> <p>Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.</p>
Rhode Island	Property Insurance, Real Or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	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.
Virginia	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.