



RETURN TO:

W. BROWN & ASSOCIATES INSURANCE SERVICES
Aviation Managers for Endurance Insurance Companies
19000 MacArthur Blvd., Suite 600
Irvine, CA 92612

PRODUCER:

Company Name
Address
City State Zip
Telephone Facsimile

REQUIREMENTS: The *Addendum (Additional Locations)* must be completed to provide details on any additional locations (other than the primary) not shown on the *Aviation General Liability Application* and where *Aviation General Liability* coverage is desired.

APPLICANT INFORMATION

Applicant
Address
City

State Zip

ADDITIONAL LOCATIONS

Name of Location						
Address						
City, State Zip						
Estimated Receipts for Next 12 Months (Per Location)						
Airport Name						
Airport City & State						
FAA Airport Identifier (if applicable)						
Does this Applicant's location occupy the entire airport?	Yes	No	Yes	No	Yes	No
If "NO", what portion (%):						

LOCATION DESCRIPTION & USE

Elevation						
Longest Runway Length						
Runway Construction	Concrete Blacktop Other	Turf Gravel	Concrete Blacktop Other	Turf Gravel	Concrete Blacktop Other	Turf Gravel
Are runways lighted?	Yes	No	Yes	No	Yes	No
Is runway traffic-controlled?	No Yes (By Tower) Yes (By Unicom)		No Yes (By Tower) Yes (By Unicom)		No Yes (By Tower) Yes (By Unicom)	
If "YES", controlled by						
Airport Manager Is?	Employed by Applicant Independent Contractor (please furnish contract)		Employed by Applicant Independent Contractor (please furnish contract)		Employed by Applicant Independent Contractor (please furnish contract)	
Is Manager on premises during hours of operation?	Yes	No	Yes	No	Yes	No
Hours of Operation	From To		From To		From To	
Fire station located at Airport?	Yes	No	Yes	No	Yes	No
If "NO", distance from airport?	Miles		Miles		Miles	

LOCATION DESCRIPTION & USE (CONT.)

Is Airport fenced?	Yes	No	Yes	No	Yes	No
Who maintains the Airport?						
Applicant is	Owner		Owner		Owner	
	General Lessee		General Lessee		General Lessee	
Are any ultralight, parachuting or agricultural activities conducted on premises?	Yes	No	Yes	No	Yes	No
If "YES", explain						
Are there any recreational facilities or other non-aviation uses of the airport premises?	Yes	No	Yes	No	Yes	No
If "YES", explain						
List airlines and scheduled air taxis that will serve this airport during the next three years						

TOTAL ARRIVAL & DEPARTURES

- Present Year
 - Revenue Passengers
 - Airline Aircraft
 - General Aviation Aircraft
 - Military Aircraft
- Next Year (Estimated)
 - Revenue Passengers
 - Airline Aircraft
 - General Aviation Aircraft
 - Military Aircraft
- Following Year (Estimated)
 - Revenue Passengers
 - Airline Aircraft
 - General Aviation Aircraft
 - Military Aircraft

APPLICANT'S VEHICLES, ELEVATORS & AIRCRAFT

Indicate number of vehicles maintained for exclusive use on airport premises:	Fuel	Fuel	Fuel
	Sweepers	Sweepers	Sweepers
	Snow Removal	Snow Removal	Snow Removal
	Fire Engines	Fire Engines	Fire Engines
	Tugs	Tugs	Tugs
	Hydrant Carts	Hydrant Carts	Hydrant Carts
	Pickup Trucks	Pickup Trucks	Pickup Trucks
	Passenger Cars	Passenger Cars	Passenger Cars
	Other	Other	Other

APPLICANT'S VEHICLES, ELEVATORS & AIRCRAFT (CONT.)

State number of:	Elevators	Elevators	Elevators
	Escalators	Escalators	Escalators
	Moving Sidewalks	Moving Sidewalks	Moving Sidewalks
How many aircraft are owned or operated by the Applicant?	Fixed Wing	Fixed Wing	Fixed Wing
	Rotorwing	Rotorwing	Rotorwing

LIMITS OF LIABILITY

General Aggregate (Other than Products-Completed Operations and Hangarkeepers')

Products-Completed Operations Aggregate

Each Occurrence

Bodily Injury

Personal Injury & Advertising Injury Aggregate

Each Occurrence

Each Occurrence

Bodily Injury

Fire Damage (any one fire)

Medical Expense (any one person)

Each Occurrence

Hangarkeepers' Each Loss

Hangarkeepers' Each Aircraft

DEDUCTIBLES

Property Damage

Bodily Injury

Hangarkeepers'

The Applicant certifies that the statements in this Application are true and that no material information has been withheld or suppressed. The Applicant agrees that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the Insurer. The Applicant hereby authorizes this Company to investigate all or any qualifications or statements contained herein. The Applicant understands that 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. The Applicant acknowledges that this Addendum is subject to all of the same terms and conditions of the application to which it is attached.

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's Name (Please Print)

Applicant's Title

Applicant's Signature

Date