



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
Tel Fax

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

DESCRIPTION OF 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
If "NO", what portion (%)

LOCATION DESCRIPTION & USE

Elevation
Longest Runway Length
Runway Construction
Are runways lighted?
Is runway traffic-controlled?
If "YES", controlled by
Airport Manager Is?
Is Manager on premises during hours of operation?
Hours of Operation
Fire station located at Airport?
If "NO", distance from Airport?

LOCATION DESCRIPTION & USE (CONT.)

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

TOTAL ARRIVALS & 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
	_____ Hydrants Carts	_____ Hydrants Carts	_____ Hydrants 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 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 Signature _____ Date _____