



Check which is desired: Quotation
Insurance

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

APPLICANT INFORMATION

Applicant
Address
City State Zip
E-Mail Address
Telephone
Applicant Is (Check One) Individual(s) Corporation Partnership Other
Requested Policy Term: From To

AIRPORT PREMISES & OPERATIONS

Applicant Interest in Airport (Check One) Owner Lessor Lessee Trustee
Other

FAA Airport Classification
FAA Airport Identifier (if applicable)
Airport Budget Last 12 Months
Estimated Next 12 Months

Name of Airport Manager
Manager's length of experience in Airport Operations? years, months
How long has the Applicant employed Manager? years, months
List certificate restrictions & exemptions?
What are the field operating hours? From To

Are there Control Tower Operations? Yes No
If "YES", name operator.

Is Control Tower operation Full Time Part Time
If "PART TIME", specify Control Tower operating hours. From To

Does the Airport operate Unicom service? Yes No
Does the Airport own, lease or maintain any nav aids, radars, windshear detectors or aircraft communication systems? Yes No
If "YES", describe:

Does the Airport maintain runways, taxiways or ramps? Yes No
If "NO", how often are they inspected? By whom?

Describe all runways, taxiways and ramps:
Heading Length Width Surface Describe All Obstructions

AIRPORT PREMISES & OPERATIONS (CONT.)

Does the Airport maintain or operate fuel storage facilities? Yes No
 If "YES", are the tanks located above ground? Yes No
 How often are they inspected? By whom?

Describe all non-aviation activities conducted on the Airport (include storage, lodging, industrial, etc.)

Does the Airport

Maintain an emergency crash plan? Yes No
 Employ emergency personnel? Yes No
 If "YES", describe

Base crash/rescue/firefighting vehicles on the Airport at all times? Yes No
 If "YES", are all crash/rescue/firefighting vehicles radio-equipped? Yes No
 If "NO", what is the distance from Airport to the nearest fire station? miles Fire Department response time? minutes
 Are all emergency numbers readily available to Airport staff? Yes No
 Maintain a bird-strike prevention program? Yes No
 Host or sponsor air shows, contests or exhibitions? Yes No
 Operate any of the following: How many? Who maintains?
 Elevators
 Escalators
 Moving Sidewalks
 Automated Passenger Trains
 Employ janitorial service? Yes No
 Own, operate, use or maintain any off-premises location for which coverage is requested? Yes No
 If "YES", describe all locations and uses.

Are there any active, inactive or abandoned dumps, landfills or aircraft salvage yards located on, adjacent to or nearby the Airport? Yes No
 If "YES", describe:

	<u>Last Year</u>		<u>This Year</u>		<u>Next Year</u>
Estimated number of aircraft landings					
General Aviation					
Commuter Airlines					
Other Airlines					
Military					
TOTAL LANDINGS					

Estimated number of enplaned passengers This year?
Estimated next year?

Make & model of largest aircraft using Airport
 Operated By

List of scheduled carriers using the Airport

PRODUCTS & COMPLETED OPERATIONS OF APPLICANT

Indicate estimated gross receipts for all applicable operations.

	<u>Previous Year's Gross Sales</u>	<u>Current Year's Gross Sales</u>	<u>Next Year's Estimated Gross Sales</u>
Aircraft fueling			
Airlines including commuters			
Other aircraft			
Indicate frequency of fuel testing			
Aircraft maintenance & repairs			
Aircraft parts of accessory sales			
Cargo/baggage handling or storage			
Passenger baggage or security operations			
Aircraft towing (in or out of hangars)			
Aircraft deicing			
Restaurants or vending machines			
Renting space for retails service operations			
Renting or leasing land or buildings			
Other operations (describe)			

CONSTRUCTION BY INDEPENDENT CONTRACTORS

Show estimated cost by type of construction expected during the next 12 months.

- Runways & taxiways
- All others

CONTRACTUAL LIABILITY

All written contracts and agreements must be submitted to the Insurance Company within 30 days of the date on which the Airport receives the document. Additional premium may be charged for the inclusion of such a contract or agreement.

HANGARKEEPERS LIABILITY

Does the Airport have any non-owned aircraft in its custody for storage, safekeeping, repair and/or servicing? Yes No

If "YES", please complete the following questions:

- Number of hangars
- Number of tie-downs/parking spaces
- Describe each hangar providing age, construction material, size and fire sprinkler details:

- Average value of ANY one aircraft
- Maximum value of any ONE aircraft
- Maximum value of ALL aircraft
- Maximum value in ANY one hangar
- Maximum value on ANY one tie-down ramp
- Rental/leasing operations
 - Gross revenues for hangar rental or lease
 - Gross revenues for tie-down rental or lease

<u>Current Year</u>	<u>Last Year</u>

GENERAL AIRPORT SECURITY

Does Airport maintain an Airport Security Patrol? If "YES", please describe.			Yes	No
Are security patrol officers armed?			Yes	No
Is the Airport patrolled by local police? If "YES", how often?			Yes	No
Is there a comprehensive written security plan? If "YES", is it current?			Yes	No
Have bomb threat procedures been developed? If "YES", are drill conducted on a regular basis?			Yes	No
Does Airport maintain an anti-terror plan?			Yes	No
Is security staff on-site at all times? If "NO", explain.			Yes	No
Are there security areas exclusively operated by others? If "YES", does Airport have oversight of these areas?			Yes	No
Are all activities on the premises controlled or regulated by the Airport? Who has access to aircraft and vehicles? Explain.			Yes	No
Are FAA-compliant background checks performed annually on all personnel with routine access to Airport facilities or aircraft?			Yes	No
Are fingerprints and photos submitted with all background checks?			Yes	No
Are all personal with ramp or aircraft access required to wear a photo ID?			Yes	No
If someone enters without proper photo ID, are they challenged as to their authorization to be in the operational area?			Yes	No
Is drug testing regularly performed on all personnel?			Yes	No
Are all incoming and outgoing flight crews screened? Explain.				
Who performs the security screening? Provide details.				
Is security screening done through a contract with airline or Airport?			Yes	No
Indicate who is responsible for the following activities?				
Passenger/Baggage Screening	Airport Independent Contractor	Miscellaneous Aircraft Support	Airport Independent Contractor	
Aircraft Cleaning (Interior)	Airport Independent Contractor	Aircraft Security	Airport Independent Contractor	
Aircraft Cleaning (Exterior)	Airport Independent Contractor	Wheelchair	Airport Independent Contractor	
Aircraft Catering	Airport Independent Contractor	Electric Cart	Airport Independent Contractor	
Aircraft Refueling	Airport Independent Contractor			

GENERAL AIRPORT SECURITY (CONT.)

What was the Airport staff turnover in the last year? %
 What was the Independent Contractor’s staff turnover in the last year? %
 Describe any other activities that involve the security and safety of the traveling public.

For all subcontracted services and activities:

Do you require written indemnities?		Yes	No
Do you obtain Certificates of Insurance from contractors naming the Airport as an Additional Insured?		Yes	No
Is the Airport perimeter completely fenced?		Yes	No
If “YES”, does perimeter fencing meet normal security guidelines?		Yes	No
Is the fencing patrolled on a regular basis for security breaches?		Yes	No
How many access gates are there?			
How is access gained?			
Is there adequate night lighting?		Yes	No
Are security cameras available and in working order?		Yes	No
If “YES”, how many?	Coverage Area?	Monitored?	Yes No
Are hangars left open at night?		Yes	No
Is there fuel farm/truck security?		Yes	No
Is emergency power available?		Yes	No
How are aircraft secured? Explain.			

AIRPORT VEHICLES & VEHICLE SECURITY

Does the Airport operate Airport Vehicles ON the Airport?		Yes	No
If “YES” how many vehicle(s) and describe use:	Cars Vans Trucks	Tugs Forklifts Other	
Does the Airport operate Airport Vehicles OFF the Airport?		Yes	No
If “YES” how many vehicle(s) and describe use:	Cars Vans Trucks	Tugs Forklifts Other	
Are Airport vehicle keys secured?		Yes	No
If “NO”, explain			
Are unknown vehicles screens and escorted?		Yes	No
If “NO”, explain			
Are drivers screened and licensed?		Yes	No
If “NO”, explain			

PARKING & PARKING SECURITY

Does Airport charge parking fees?		Yes	No
If “YES”, number of spaces?	Area of parking lot?		
If using any of the following equipment to move passengers from parking areas to terminals, are they equipped with working security cameras and manned during operational hours?	Trains	Yes	No
	Trams	Yes	No
	Buses	Yes	No

PARKING & PARKING SECURITY (CONT.)

Are any passengers moving from parking areas to terminals underground at any time?	Trains	Yes	No
	Trams	Yes	No
	Buses	Yes	No
Are all vehicles entering parking area screened?		Yes	No
Are all parking areas monitored via security cameras?		Yes	No

CURRENT INSURANCE

Current policy limits (describe all)

Current policy premium

REQUEST COVERAGE & LIMITS

Limit A	Combined Single Limit	
Limit B	Bodily Injury	Each Person Each Occurrence
	Property Damage	
Requested Coverage		
	Premises & Operations	
	Products & Completed Operations	
	Contractual Liability	
	Owners & Contractor Protective	
	Premises Medical Payments	Each Person Each Occurrence
	Personal Injury Including / Excluding Advertising Liability	
	Hangarkeepers' Liability	Each Person Each Occurrence
	Other (specify)	

LOSS HISTORY & PREVIOUS AVIATION INSURANCE

List all claims occurring during the last 5 years other than those associated to Workers Compensation. Should more space be required to report additional losses, the Applicant must attach the *Addendum (Loss History)* to provide details for such losses. The *Addendum (Loss History)* may be downloaded at <http://www.wbais.com>. Attach loss runs provided by your insurance company of available.

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Claims Total Paid</u>	<u>Outstanding Reserves</u>	<u>Expenses</u>
---------------------	----------------------------	--------------------------	-----------------------------	-----------------

Are loss amounts shown above reduced by a deductible? Yes No
 If "YES", specify amount

LOSS HISTORY & PREVIOUS AVIATION INSURANCE (CONT.)

Are loss amounts shown above reduced by a self-insured retention? Yes No
If "YES", specify amount

Has any insurer canceled, declined or refused to renew the Applicant's insurance? Yes No
If "YES", explain

Name of last or present aviation insurance company? Expiration Date:

OTHER INFORMATION

Please provide any other information relevant to this application.

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.

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

FRAUD NOTICE

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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE-SPECIFIC PROVISIONS

- 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 claimant 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 insurer files a statement of claim or an application 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.
- Kansas** Any person who knowingly and with the intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals for the purpose of misleading, information concerning any fact material thereto is guilty of a crime and may be subject to fines and confinement in prison.
- 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.
- Main** 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** **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.

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.

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.

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 knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 1. Material to the risk assumed by us; or
 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania 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.

Puerto Rico Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Rhode Island 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.

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.

Washington 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.

West Virginia 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.