



W. BROWN & ASSOCIATES
INSURANCE SERVICES

AIRPORT LIABILITY
INSURANCE APPLICATION

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
Tel Fax

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 Month 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 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 operation Unicom service? Yes No

Does the Airport own, lease or maintain any nav aids, radars, windshear detectors or aircraft communications systems? Yes No

If "YES", please describe.

Does the Airport maintain runways, taxiways or ramps? Yes No

If "NO", how often are they inspected? By whom?

Table with 5 columns: Heading, Length, Width, Surface, Describe All Obstructions. Multiple rows for data entry.

**AIRPORT PREMISES & OPERATIONS (CONT.)**

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

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

Does the Airport  
 Maintain an air crash emergency plan?  Yes  No  
 Employ medical personnel?  Yes  No  
 If "YES", please describe. \_\_\_\_\_

Base 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 to the nearest fire department station? \_\_\_\_\_ Miles  
 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:	<u>How Many?</u>	<u>Who Maintains?</u>
<input type="checkbox"/> Elevators	_____	_____
<input type="checkbox"/> Escalators	_____	_____
<input type="checkbox"/> Moving Sidewalks	_____	_____
<input type="checkbox"/> 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,  Yes  No  
 Adjacent to or nearby the Airport  
 If "YES", describe. \_\_\_\_\_  
 \_\_\_\_\_

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

Estimated number of emplaned passengers This year? \_\_\_\_\_  
Estimated next year \_\_\_\_\_

Make and 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 operations.)

	Previous Year's <u>Gross Sales</u>	Current Year's <u>Gross Sales</u>	Next Year's Estimated <u>Gross Sales</u>
Aircraft fueling			
Airlines including commuters	\$ _____	\$ _____	\$ _____
Other aircraft	\$ _____	\$ _____	\$ _____
If yes, frequency of fuel testing	_____	_____	_____
Aircraft maintenance & repairs	\$ _____	\$ _____	\$ _____
Aircraft parts or accessory sales	\$ _____	\$ _____	\$ _____
Cargo/baggage handling or storage	\$ _____	\$ _____	\$ _____
Passenger baggage or security operations	\$ _____	\$ _____	\$ _____
Aircraft towing (in or out of hangars)	\$ _____	\$ _____	\$ _____
Aircraft de-icing	\$ _____	\$ _____	\$ _____
Restaurants or vending machines	\$ _____	\$ _____	\$ _____
Renting space for retail of 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 \$ \_\_\_\_\_

	<u>Current Year</u>	<u>Last Year</u>
Rental/leasing operations		
Gross revenues for hangar rental or lease	\$ _____	\$ _____
Gross revenues for tie-down rental or lease	\$ _____	\$ _____

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**GENERAL AIRPORT SECURITY**

Does the Airport maintain an Airport Security Patrol?  Yes  No

If "YES", please describe. \_\_\_\_\_  
\_\_\_\_\_

Are security patrol officers armed?  Yes  No

Is Airport patrolled by local police?  Yes  No

If "YES", how often? \_\_\_\_\_

Is there a comprehensive written security plan?  Yes  No

If "YES", is it current?  Yes  No

Have bomb threat procedures been developed?  Yes  No

If "YES", are drills conducted on a regular basis?  Yes  No

Does Airport maintain an anti-terror plan?  Yes  No

Is security staff on-site at all times?  Yes  No

If "NO", please explain. \_\_\_\_\_  
\_\_\_\_\_

Are there security areas exclusively operated by others?  Yes  No

If "YES", does Airport have oversight of these areas?  Yes  No

Are all activities on the premises controlled or regulated by the Airport?  Yes  No

Who has access to aircraft and vehicles? Explain.

Are FAA-compliant background checks performed annually on all personnel with routine access to airport facilities or aircraft?  Yes  No

Are fingerprint and photos submitted with all background checks?  Yes  No

Are all persons 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 operation area?  Yes  No

Is drug testing regularly performed on all personnel?  Yes  No

Are all incoming and outgoing flight crews screened? Explain. \_\_\_\_\_  
\_\_\_\_\_

Who performs 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:

	<u>Airport</u>	<u>Independent Contractor</u>
Passenger/Baggage Screening	<input type="radio"/>	<input type="radio"/>
Aircraft Cleaning (Interior)	<input type="radio"/>	<input type="radio"/>
Aircraft Cleaning (Exterior)	<input type="radio"/>	<input type="radio"/>
Aircraft Catering	<input type="radio"/>	<input type="radio"/>
Aircraft Refueling	<input type="radio"/>	<input type="radio"/>
Miscellaneous Aircraft Support	<input type="radio"/>	<input type="radio"/>
Aircraft Security	<input type="radio"/>	<input type="radio"/>
Wheelchair	<input type="radio"/>	<input type="radio"/>
Electric Cart	<input type="radio"/>	<input type="radio"/>

**GENERAL AIRPORT SECURITY (CONT.)**

What was Airport staff turnover in the last year? \_\_\_\_\_ %  
 What was the Independent Contractor's staff turnover in the last year? \_\_\_\_\_ %  
 Outline 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 completely fenced?  Yes  No  
 If "YES", does the 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? \_\_\_\_\_

**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 \_\_\_\_\_ Tugs \_\_\_\_\_  
 Vans \_\_\_\_\_ Forklifts \_\_\_\_\_  
 Trucks \_\_\_\_\_ Other \_\_\_\_\_  
 Does the Airport operate Airport vehicles OFF the Airport?  Yes  No  
 If "YES", how many vehicle(s) and describe use  
 Cars \_\_\_\_\_ Tugs \_\_\_\_\_  
 Vans \_\_\_\_\_ Forklifts \_\_\_\_\_  
 Trucks \_\_\_\_\_ Other \_\_\_\_\_  
 Are Airport vehicle keys secured?  Yes  No  
 If "NO", explain. \_\_\_\_\_  
 Are unknown vehicles screened and escorted?  Yes  No  
 If "NO", explain. \_\_\_\_\_  
 Are drivers screened and licenses?  Yes  No  
 If "NO", explain. \_\_\_\_\_

**PARKING & PARKING SECURITY**

Does the 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 videos and manned during operation hours?  
 Trains  Yes  No  
 Trams  Yes  No  
 Buses  Yes  No

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 areas screened?  Yes  No

Are all parking areas monitored via security cameras?  Yes  No

**CURRENT INSURANCE**

Current policy limits (describe all) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current policy premium \$ \_\_\_\_\_

**REQUESTED 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 Proective \$ \_\_\_\_\_
- Premises Medical Payments \$ \_\_\_\_\_ Each Person  
 \$ \_\_\_\_\_ Each Occurrence
- Personal Injury  including /  excluding Advertising Liability \$ \_\_\_\_\_
- Hangarkeepers' Liability \$ \_\_\_\_\_ Each Person  
 \$ \_\_\_\_\_ Each Occurrence
- Other (please 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 if available.

Date Of Loss	Description of Loss	Claims Total Paid	Outstanding Reserves	Expenses
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Are loss amounts shown above reduced by a deductible?  Yes  No

If "YES", specify amount \_\_\_\_\_

Are loss amounts shown above reduced by a self-insured retention?  Yes  No

If "YES", specify amount \_\_\_\_\_

Has any insured cancelled, declined, or refused to renew the Applicant's insurance?  Yes  No

If "YES", explain \_\_\_\_\_

Name of  last or  present aviation insurance company: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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**OTHER INFORMATION**

Please provide any other information relevant to this application:

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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 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.