



W. BROWN & ASSOCIATES
INSURANCE SERVICES

AVIATION GENERAL 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

OPERATIONS OF APPLICANT

Business of Applicant

Identify all operations performed and their estimated gross receipts for next 12 months.

- Fixed Wing Aircraft Repair & Services
Fuel & Lubricants
Engine Overhaul
New Aircraft Sales
Used Aircraft Sales
Aircraft Parts (Not Installed)
Tie-downs & Hangaring
Propeller/Blade Repair or Overhaul
Aircraft Charter
Instruction & Rental
Rotorwing Repair & Services
Auto Parking
Aircraft Parking
Resturant/Catering
Avionics Repair
Interior Repairs
Aircraft Detailing
Curbside Check-in/Skycap
Runway/Airport Repairs
Airport Cleaning
Wheelchair/Passenger Assistance
Cargo Handling
Aircraft Push-back
Passenger Screening
Security/Guard
Ground Equipment Repair & Service
Airline Repair & Overhaul
Deicing
Part Distribution
Other (Please Describe)

Total Estimated Receipts (All Locations)
Estimated Receipts (Primary Location Only)

Receipts from the above categories are for the following types of aircraft: General Aviation Airlines Military

FLIGHT EXPOSURES: if Applicant provides pilot services, aircraft instruction, pick-up/delivery of aircraft, maintenance test flights or any other flight-related exposures, Applicant must complete the Addendum (Pilot Experience) providing details for all Pilots to be included on the policy. The Addendum (Pilot Experience) may be found at http://www.wbais.com.

**LOCATION DESCRIPTION & USE**

If Applicant is applying for multiple locations to be insured, the Applicant must attach the Addendum (Additional Locations) providing details for locations other than that listed at the primary address listed above. The Addendum (Additional Locations) may be found at <http://www.wbais.com>.

Airport Name \_\_\_\_\_

Airport City \_\_\_\_\_ Airport State \_\_\_\_\_

FAA Airport Identifier (if applicable) \_\_\_\_\_

Does this Applicant's location occupy the entire airport?  Yes  No

If "NO", what portion (%) \_\_\_\_\_ %

Elevation \_\_\_\_\_

Longest Runway Length \_\_\_\_\_

Runway Construction  Concrete  Blacktop  Turf  Gravel  Other \_\_\_\_\_

Are runways lighted?  Yes  No

Is runway traffic-controlled?  No  Yes (By Tower)  Yes (By Unicom)

If "YES", controlled by \_\_\_\_\_

Airport Manager Is?  Employed by Applicant  Independent Contractor (please furnish contract)

Is Manager on premises during hours of operation?  Yes  No

Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_

Fire station located at Airport?  Yes  No

If "NO", distance from Airport? \_\_\_\_\_ miles

Is Airport fenced?  Yes  No

Who maintains the Airport? \_\_\_\_\_

Applicant is  Owner  General Lessee

Are any ultralight, parachuting or agricultural activities conducted on premises?  Yes  No

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

Are there any recreational facilities or other non-aviation uses of the airport premises?  Yes  No

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL ARRIVALS & DEPARTURES**

	<u>Present Year</u>	<u>Next Year (Estimated)</u>	<u>Following Year (Estimated)</u>
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	_____ Fire Engines	_____ Pickup Trucks
	_____ Sweepers	_____ Tugs	_____ Passenger Cars
	_____ Snow Removal	_____ Hydrants Carts	_____ Other
State number of:	_____ Elevators	_____ Escalators	_____ Moving Sidewalks
How many aircraft are owned operated by the Applicant?	_____ Fixed Wing	_____ Rotorwing	

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**LIMITS OF LIABILITY**

<u>Type of Limit</u>	<u>Limit</u>	<u>Occurrence</u>	<u>Bodily Injury</u>
General Aggregate (Other than Products-Completed Operations and Hangarkeepers')	\$ _____		
Products-Completed Operations Aggregate	\$ _____	\$ _____	\$ _____
Personal Injury & Advertising Injury Aggregate	\$ _____	\$ _____	
Each Occurrence	\$ _____		\$ _____
Fire Damage (any one fire)	\$ _____		
Medical Expense (any one person)	\$ _____	\$ _____	
Hangarkeepers' Each Loss	\$ _____		
Hangarkeepers' Each Aircraft	\$ _____		

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**DEDUCTIBLES**

Property Damage	\$ _____
Bodily Injury	\$ _____
Hangarkeepers'	\$ _____

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**FUELING**

Fueling provided on premises?		<input type="radio"/> Yes	<input type="radio"/> No
Performed by Applicant?		<input type="radio"/> Yes	<input type="radio"/> No
Fueling done by	<input type="checkbox"/> Truck	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Pump <input type="checkbox"/> Pit
Types of fuel sold:	<input type="checkbox"/> AvGas	<input type="checkbox"/> Jet Fuel	<input type="checkbox"/> Auto Gas
Annual gallonage:			
Fuel Storage Facilities (Gallons)	Airline _____	General Aviation _____	Military _____
Annual gallonage of turbine engine fuel:		Underground _____	Above Ground _____
Are static lines attached during all refueling operations?		<input type="radio"/> Yes	<input type="radio"/> No
Are UL-approved fire extinguishers carried?		<input type="radio"/> Yes	<input type="radio"/> No

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**CONTRACTS**

Has Applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? (If "YES", attach copies of contracts)	<input type="radio"/> Yes	<input type="radio"/> No
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**TIE-DOWNS & HANGARING BY APPLICANT**

Are aircraft of others taxied, towed or moved by Applicant?	<input type="radio"/> Yes	<input type="radio"/> No
Are any aircraft tied out??	<input type="radio"/> Yes	<input type="radio"/> No

If "YES", 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 \$ \_\_\_\_\_

Maximum value of any one aircraft in custody of Applicant \$ \_\_\_\_\_

Average value of all aircraft in custody of Applicant \$ \_\_\_\_\_

Maximum value of all aircraft in custody of Applicant \$ \_\_\_\_\_

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**CONSTRUCTION BY INDEPENDENT CONTRACTORS**

Show estimated cost for all construction projects expected during the next 12 months.

	<u>Description of Project</u>	<u>Estimated Cost</u>
Runways & Taxiways	_____	\$ _____
All Other Projects	_____	\$ _____

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**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.

<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 \_\_\_\_\_

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.