



Airport Liability Insurance Application

Policy/Quote No: _____ Insurance Company: **Hallmark Insurance Company** ☐ Quote ☐ Binder ☐ Insurance.

Name of Applicant _____

Mail Address: _____

Physical Address _____

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership/LLC ☐ Government Entity ☐ Other: _____

Applicant's business is: _____ Yrs. in Business: _____ No. of Employees: _____

Applicant is: ☐ TENANT ☐ AIRPORT OWNER ☐ GENERAL LESSEE. What is the size of applicant's premises? _____ (sq. ft.)

Applicant occupies what part of airport? ☐ ENTIRE AIRPORT ☐ PORTION (describe): _____

NAME OF AIRPORT: _____ City & State: _____ FAA ID: _____

If applicant is the general lessee or airport owner, or are any ultralight, parachuting, agricultural or non-aviation activities allowed on the premises? ☐ YES ☐ NO

If "YES", please explain: _____

INSURANCE COVERAGE & LIMITS - indicate coverages and limits desired: Proposed Effective Date of Coverage: _____

THE TOTAL POLICY COVERAGE LIMIT FOR ANY ONE OCCURRENCE WILL BE EQUAL TO YOUR SELECTED AIRPORT OPERATIONS OCCURRENCE LIMIT					
<input type="checkbox"/> AIRPORT OPERATIONS	\$	EACH OCCURRENCE	<input type="checkbox"/> MEDICAL PAYMENTS	\$	EACH PERSON
				\$	EACH OCCURRENCE
<input type="checkbox"/> PRODUCTS AND COMPLETED OPERATIONS:	\$	EACH PERSON		\$	ANNUAL AGGREGATE
	\$	EACH OCCURRENCE	<input type="checkbox"/> PERSONAL INJURY LIABILITY	\$	EACH OCCURRENCE
	\$	ANNUAL AGGREGATE		\$	ANNUAL AGGREGATE
<input type="checkbox"/> FIRE LEGAL LIABILITY	\$	EACH OCCURRENCE	<input type="checkbox"/> ADVERTISING INJURY	\$	EACH OCCURRENCE
<input type="checkbox"/> HANGARKEEPER'S LIABILITY	\$	EACH AIRCRAFT		\$	ANNUAL AGGREGATE
\$ Deductible.	\$	EACH OCCURRENCE	<input type="checkbox"/> CONTRACTUAL LIABILITY	\$	EACH OCCURRENCE
<input type="checkbox"/> INDEPENDENT CONTRACTORS	\$	EACH OCCURRENCE	<input type="checkbox"/> OTHER:	\$	EACH OCCURRENCE

OPERATIONS OF APPLICANT - indicate ALL operations and estimated annual gross receipts (Use additional sheets if necessary):

<input type="checkbox"/> AIRCRAFT PAINTING	\$	<input type="checkbox"/> SALE OF NEW AIRCRAFT	\$
<input type="checkbox"/> FUEL AND LUBRICANTS	\$	<input type="checkbox"/> SALE OF USED AIRCRAFT	\$
<input type="checkbox"/> AIRCRAFT REPAIRS & SERVICES	\$	<input type="checkbox"/> PARTS NOT INSTALLED	\$
<input type="checkbox"/> HELICOPTER REPAIRS & SERVICES	\$	<input type="checkbox"/> FOOD / VENDING	\$
<input type="checkbox"/> ENGINE OVERHAULS	\$	<input type="checkbox"/> OTHER:	\$
<input type="checkbox"/> PROPELLER REPAIR / OVERHAUL	\$	<input type="checkbox"/> OTHER:	\$

APPLICANT'S VEHICLES, ELEVATORS & AIRCRAFT (Indicate the number and type of vehicles maintained for use EXCLUSIVELY on the airport):

FUEL TRUCKS: _____ MOWERS: _____ SNOW REMOVAL: _____ FIRE ENGINES: _____ AIRCRAFT TUGS: _____

MOBILE EQUIP: _____ SWEEPERS: _____ PASSENGER CARS: _____ PICKUP TRUCKS: _____ OTHER: _____

NUMBER OF ELEVATORS: _____ NUMBER OF ESCALATORS: _____ MOVING SIDEWALKS: _____

NUMBER OF AIRCRAFT OWNED OR OPERATED BY APPLICANT - FIXED-WING: _____ HELICOPTERS: _____

CONTRACTUAL LIABILITY

Has applicant entered into any written agreements assuming the liability of others, such as under a lease of premises, fuel supplier contract, or equipment lease?

☐ YES ☐ NO If 'YES', please attach copies of all such agreements.

Does Applicant use uniform customer contracts for hangaring, service, etc.? ☐ YES ☐ NO If 'YES', please attach copies of all such agreements.

INDEPENDENT CONTRACTORS

Show estimated cost by type of construction expected during the next 12 months, if any:

RUNWAYS & TAXIWAYS \$ _____ ALL OTHERS (Describe): _____ \$ _____

On Premises: ☐ YES ☐ NO By Applicant? ☐ YES ☐ NO FUELING is by ☐ TRUCK ☐ PUMP ☐ Other: _____

Annual Gallonage: AIRLINE _____ GENERAL AVIATION _____ MILITARY _____

TYPE OF FUEL SOLD: ☐ AVGAS ☐ JET FUEL ☐ AUTO GAS

FUEL STORAGE FACILITIES: UNDERGROUND _____ Gallons ABOVE GROUND _____ Gallons

Are static lines attached during all refueling operations? ☐ YES ☐ NO Are U.L. Approved Fire Extinguishers carried on each fueling vehicle? ☐ YES ☐ NO

AIRPORT DESCRIPTION Airport Elevation is _____ Feet. Longest Runway is _____ Feet

Any seaplane operations: ☐ YES ☐ NO Explain if 'YES.' _____

Runway Surface(s): ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Turf ☐ Other: _____

Aircraft traffic is controlled ☐ YES ☐ NO By ☐ TOWER ☐ UNICOM Operated By: _____

Is there an airport manager? ☐ YES ☐ NO Employed by: _____

Is manager on premises? ☐ YES ☐ NO Hours of Operation: _____

Fire Station located at Airport? ☐ YES ☐ NO Fire Station is _____ miles from the Airport. Is the Airport fenced? ☐ YES ☐ NO

Who is responsible for maintenance of the Runways and Taxiways? _____

Who is responsible for maintenance of the airport property? _____

Are any recreational or other Non-Aviation activities allowed on Airport premises? ☐ YES ☐ NO Explain if 'YES.' _____

List Airlines or Scheduled Commuters that will serve the Airport during the next 12 months: _____

Type of Airline / Commuter aircraft using the Airport: _____

TOTAL ESTIMATED ANNUAL DEPARTURES: Revenue Passengers _____ Airline / Commuter Aircraft: _____ General Aviation: _____ Military: _____

Are aircraft owned by OTHERS taxied, towed, or moved by Applicant? ☐ YES ☐ NO

Are any Aircraft tied down at Applicant's facility? ☐ YES ☐ NO Avg. No. of Aircraft tied down: _____ Type of tie-down: _____

Are any Aircraft hangared at Applicant's facility? ☐ YES ☐ NO Avg. No. of Aircraft hangared: _____ No. of Hangar(s): _____

Description of Hangars owned or leased by Applicant: _____

Average value of Aircraft in Applicant's care and custody: \$ _____ Maximum value of any one aircraft in Applicant's care and custody: \$ _____

Limit of HANGARKEEPER'S coverage desired, if any: \$ _____ Any One Aircraft \$ _____ Any One Occurrence

Please describe any airport/aviation losses or claims made by or against Applicant (including any airport/aviation business in which Applicant or any principal of Applicant has had an interest) during the last 5 years. (Use additional or separate sheet(s) if necessary):

[illegible]

I/we understand that no insurance is in force unless and until the insurance company through its aviation manager binds insurance coverage, or issues a policy. I/we authorize the insurance company through its aviation manager to investigate the qualifications or statements contained in this document.

Signature of Applicant or Executive: _____ Title: _____ Date: _____

Agent Name: _____ License #: _____ Signature: _____