

Aero Alliance Insurance Services  
**AVIATION GENERAL LIABILITY INSURANCE APPLICATION**

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Airport \_\_\_\_\_  
Applicant Is  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_  
Type of Business:  FBO  FAA Certified Repair Station  Other: \_\_\_\_\_  
Number of Years: In Business \_\_\_\_\_ Under This Management \_\_\_\_\_ At This Location \_\_\_\_\_  
Number of Employees \_\_\_\_\_

**PREMISES**

List all buildings, hangars, ramps and all other premises to be insured \_\_\_\_\_  
Applicant occupies  All of premises  Part of premises Applicant is  Owner  Tenant  General lessee of premises  
Who is responsible for maintenance of these premises? \_\_\_\_\_  
Applicant  Does  Does not have air shows, contests, or exhibitions on premises  
List all auto and mobile equipment such as aircraft tugs or fuel trucks used solely on the airport premises \_\_\_\_\_  
Runways are  Paved  Not paved Shortest runway is \_\_\_\_\_ feet Approach obstructions?  No  Yes (explain) \_\_\_\_\_

**PRODUCTS & COMPLETED OPERATIONS**

Total Gross Receipts - Last 12 Months \_\_\_\_\_ Total Gross Receipts - Estimated Next 12 Months \_\_\_\_\_  
Describe products and services \_\_\_\_\_  
Types of aircraft worked on \_\_\_\_\_  
Applicant is a dealer or distributor for \_\_\_\_\_  
Professional training courses attended by your employees \_\_\_\_\_

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR REPAIR OF

· Airframe & components _____	Total _____	% Fixed Wing _____	% Rotorwing _____	_____ % Major overhauls
· Engines & components _____	Total _____	% Fixed Wing _____	% Rotorwing _____	_____ % "Hot section" repairs
· Avionics _____	· Propellers _____	· Rotorsystems _____		

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR

· Airframe painting \_\_\_\_\_ · Sale of parts, not installed NEW \_\_\_\_\_ · Sale of parts, not installed USED \_\_\_\_\_  
· Sale of fuel and oil (excluding pumping fees) \_\_\_\_\_ Pumping fees \_\_\_\_\_  
· Does applicant fuel/defuel any airlines?  Yes  No If yes, describe \_\_\_\_\_  
· Sale of aircraft NEW \_\_\_\_\_ · Sale of aircraft USED \_\_\_\_\_ · Sale of food/beverage (incl. vending machines) \_\_\_\_\_  
· Sale of other items and services \_\_\_\_\_ Describe \_\_\_\_\_  
· Airline servicing (other than fuel) \_\_\_\_\_ Describe \_\_\_\_\_  
Has applicant performed any engine or airframe modification work?  Yes  No If yes, describe \_\_\_\_\_  
Has applicant ever sold, serviced or repaired ultralight or home-built aircraft?  Yes  No If yes, describe \_\_\_\_\_

**CONSTRUCTION, DEMOLITION & ALTERARIONS**

Projected contract costs for next 12 months: · By applicant \_\_\_\_\_ Describe \_\_\_\_\_  
· By independent contractors \_\_\_\_\_ Describe \_\_\_\_\_  
Contractual liability ("hold harmless" agreements/indemnification clauses)  
Does applicant assume liability of others?  Yes  No Attach all contracts assuming liabilities of others  All attached

**HANGARKEEPERS LIABILITY (AIRCRAFT IN APPLICANT'S CARE, CUSTODY OR CONTROL)**

Average value any one aircraft \_\_\_\_\_ Average total all aircraft \_\_\_\_\_ Average number \_\_\_\_\_  
 Maximum value any one aircraft \_\_\_\_\_ Maximum total all aircraft \_\_\_\_\_ Average number \_\_\_\_\_  
 Maximum value in any one hangar \_\_\_\_\_ Describe hangars \_\_\_\_\_  
 Tied down \_\_\_\_\_ Number of tiedowns \_\_\_\_\_  
 Gross receipts next 12 months: Hangar rental \_\_\_\_\_ Tie downs \_\_\_\_\_ Towing \_\_\_\_\_  
 Does applicant fly customer's aircraft  Yes  No List all purpose of uses \_\_\_\_\_  
 Largest type aircraft flown \_\_\_\_\_ Maximum value \_\_\_\_\_  
 Does applicant maintain separate Non-Owned Aircraft Liability Insurance?  Yes  No

**CLAIMS HISTORY & FAR VIOLATIONS**

List all claims and FAR violations for past 10 years

Date	Amount (include all expenses)	Cause/violation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a separate sheet if needed to fully complete

**COVERAGES & LIMITS REQUESTED**

Policy period: from \_\_\_\_\_ until \_\_\_\_\_ both at 12:01 a.m. at the applicant's address on the first page

Coverages	Limits of Insurance
Commercial General Liability Coverage	_____
General Aggregate Limit (other than Products/Completed Operations)	_____
Products/Completed Operations Aggregate Limit	_____
Personal and Advertising Injury Aggregate Limit	_____
Each Occurrence Limit	_____
Fire Damage Limit (any one fire)	_____
Medical Expense Limit (any one person)	_____
Hangarkeeper's Liability Coverage	_____
· Each Aircraft Limit	_____
· Each Loss Limit	_____
· Deductible (each aircraft)	_____
<b>TOTAL ADVANCE PREMIUM</b>	

**POLICY DEDUCTIBLE**

Each occurrence \_\_\_\_\_ Annual Aggregate \_\_\_\_\_

Other coverages, restrictions, endorsements \_\_\_\_\_

**CURRENT INSURANCE**

Name of insurance company \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Coverages \_\_\_\_\_  
 Limits \_\_\_\_\_ Deductible \_\_\_\_\_ Premium \_\_\_\_\_

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.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - 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.

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.

Maine - 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 a denial of insurance benefits.

Maryland - Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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 York - 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma - 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, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania - Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - 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 civil fines and criminal penalties.

**ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Today's Date

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