

Airport Liability Application Form

APPLICANT DETAILS

Name of Insured:		
Street Address:		
City:	Province:	Postal Code:
Current Insurer:		Date Coverage Required/Expiry Date:
Has prior insurance ever been cancelled or non-renewed? Yes <input type="radio"/> No <input type="radio"/>		

AIRPORT

Name:	Address:
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Runways

Heading	Length	Width	Surface	Obstructions

Buildings

Age	Size	Heating	Construction	Sprinkler System
				Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>
				Yes <input type="radio"/> No <input type="radio"/>

List the occupants of the hangars or buildings identified above:

- 1)
- 2)
- 3)
- 4)
- 5)

Do you require the tenants to carry liability insurance for the use of the hangar or buildings? Yes No

Do you require and obtain a hold harmless agreement from your tenants? - Yes No

AIRPORT DESCRIPTION (please answer yes or no)

Is there an airport manager? Yes No **If yes, who employs the manager?**
Who maintains the airport? *Applicant or Name:*

Does Insured maintain an emergency plan in the event of an aircraft crash? Yes No

Is the airport fenced? Yes No

Is there emergency equipment located at the airport? Yes No *Details:*

Is there a fire station located at the airport? Yes No **If no, how many kilometers from airport?**

Air traffic is controlled by: *Control Tower:* *Uncontrolled:*

Is the airport used at night? Yes No

Is the airport used during the winter months? Yes No

If yes, do you provide snow clearing maintenance? Yes No **If no, who does?**
Do you require the contractor to carry insurance? Yes No

Do you provide grass cutting at the airport? Yes No **If no, who does?**
Do you require the contractor to carry insurance? Yes No

Do you provide general maintenance at the airport? Yes No **If no, who does?**

Is there airport security? Yes No

Do you require the contractor to carry insurance? Yes No

If yes, provide details:

Do you maintain wildlife and bird strike prevention programs? Yes No

Do you host or sponsor any airshows? Yes No

If yes, provide full details:

Do you expect any construction work on your property in the next 12 months? Yes No

If yes, provide details:

Have you entered into any written agreements whereby either you hold harmless and indemnify others or you are held harmless and indemnified by others? Yes No

If yes, provide details:

FUEL OPERATIONS (please answer yes or no)

Are the fuel storage facilities operated by Applicant? Yes No

If no, who provides this service:

If yes, please advise how: (check all that apply)

By fuel truck: gas pump: other:

Are there fuel tanks: above ground: below ground:

Is aircraft fueling performed by your employees? Yes No

Are you responsible for fuel testing and quality assurance? Yes No

Is there any training program in fuel handling and aircraft fueling procedures? Yes No

EXPOSURE

Estimated number of aircraft movements per year:

General Aviation: _____

Regional Airlines: _____

Other Airlines: _____

TOTAL _____

Estimated number of enplaned passengers per year:

Largest aircraft using airport:

Identify the number of vehicles owned, operated, used or leased by the airport:

Snow removal equipment: _____ Grass cutting: _____

Maintenance vehicles: _____ Sweepers: _____

Deicing trucks: _____ Cargo/baggage: _____

Pickup trucks: _____ Tugs: _____

Escort vehicles: _____ Fuel trucks: _____

Passengers' cars: _____ Passenger buses: _____

Crash/fire/rescue vehicles: _____ Other: _____

If other, please describe:

HANGARKEEPERS COVERAGE

Aircraft owned by others in your care, custody, or control

	Average		Maximum	
	Hangared	Tied Down	Hangared	Tied Down
Value any one aircraft	\$	\$	\$	\$
Value of all aircraft	\$	\$	\$	\$
Number of aircraft				

Are you responsible for moving other people's aircraft?: Yes No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care, custody and control?:

Yes No

If yes, please attach a copy of the standard agreement

Do you test fly customers' aircraft?: Yes No

If yes, Maximum Value: \$ _____ Aircraft Make and Model: _____

SERVICES PROVIDED

If you provide services to third party companies

Type of Operation	Yes	No	Last 12 months Revenue	Estimated Revenue for the next 12 months
Loading or unloading of baggage	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Loading or unloading of cargo	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Marshalling	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
De-icing	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Towing	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Power starts	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Fuelling AV Gas	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<i>Litres pumped</i>			#	#
Fuelling Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<i>Litres pumped</i>			#	#
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Hangar rental	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Tie down rental	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Passenger/baggage screening	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other, describe			\$	\$

For the above identified services please state aircraft types serviced and frequency per week

Piston/Turbo Prop <input type="checkbox"/>		Jet Aircraft <input type="checkbox"/>	
Aircraft Types	Frequency	Aircraft Types	Frequency

List of your principal Customers

- 1)
- 2)
- 3)

How long have you provided this service? Years #

Do you have an agreement with your major customers where they have agreed to hold you harmless?: Yes No

If yes , please provide a copy of the agreement

PRODUCTS COVERAGE

Breakdown of your annual gross receipts

COVERAGES REQUIRED

		Limit	Alternate Limits	
1) Premises	each occ	\$	\$	\$
1a) Tenants Legal Liability	each occ	\$	\$	\$
2) Hangarkeepers	each aircraft	\$	\$	\$
	each occ	\$	\$	\$
3) Products	each occ/agg	\$	\$	\$

ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)

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The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

Applicant's Signature	Date
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Broker's Name	Contact
Email	Phone