**FIXED BASE OPERATOR AIRPORT LIABILITY INSURANCE APPLICATION**

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| RT_logo | RT Specialty  12404 Park Central Suite 380  Dallas, Texas 75251  Phone: 214-865-7200  Fax 214-855-7794  [www.rtspecialty.com](http://www.blaisaviation.com) |
| Named Insured & Address:  E-Mail Address: | Current Insurance Company:  Effective Date: |
| APPLICANT IS: ( ) Individual(s) ( ) Corporation ( ) Partnership ( ) Other  Description of Operations: | |
| Name of Airport: FAA Designator : Paved ( ) Yes ( ) No  Does Applicant occupy the entire airport? ( ) Yes ( ) No If No, what portion is occupied by Applicant? | |
| Insurance is requested from:12:01 AM to 12:01 AM | |

**OPERATIONS OF APPLICANT: Identify all operations performed and their estimated gross receipts for next 12 months.**

**Operation Gross Receipts Operation Gross Receipts**

|  |  |  |  |
| --- | --- | --- | --- |
| ( ) Aircraft Repair/Service | $ | ( ) Propeller Repair/Overhaul | $ |
| ( ) Fuel & Lubricants | $ | ( ) Aircraft Charter | $ |
| ( ) Engine Overhaul | $ | ( ) Rental & Instruction | $ |
| ( ) Sale Of New Aircraft | $ | ( ) Helicopter Repair/Service | $ |
| ( ) Sale Of Used Aircraft | $ | ( ) Auto Parking/Rental | $ |
| ( ) Sale Aircraft Parts (Not Installed) | $ | ( ) Aircraft Painting | $ |
| ( ) Tie downs & Hangaring | $ | ( ) Aircraft Detailing | $ |
| ( ) Restaurant | $ | ( ) Any Other Source  List In Comments Section | $ |
| **TOTAL** | | | $ |

**LIMITS OF LIABILITY:**

|  |  |  |
| --- | --- | --- |
| LIABILITY COVERAGE Each Occurrence Aggregate | | |
| Bodily Injury & Property Damage Liability | $ | $ |
| Products B.I. & P.D Liability | $ | $ |
| Personal & Advertising Injury Liability | $ | $ |
| Medical Payments | $ | $ |
| Fire Legal Liability | $ | $ |
| Ground Hangarkeepers Liability  Deductible: $ | Each Aircraft  $ | Each Occurrence  $ |
| In Flight Hangarkeepers Liability  Deductible: $ | Each Aircraft  $ | Each Occurrence  $ |
| Other Requested Coverages: Please Describe |  | |
| Additional Insureds: Please List |  | |



**FUELING:**

On premises ( ) Yes ( ) No Done by Applicant ( ) Yes ( ) No

Fueling by: ( ) Truck ( ) Hydrant ( ) Gas Pump ( ) Gas Pit

Annual gallonage: Airline \_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons; General Aviation \_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons; Military \_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons.

Type of fuel sold:

( ) AVGAS ( ) JET FUEL ( ) AUTO GAS

Fuel storage facilities: Underground \_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons; Above ground \_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons.

Annual Gallonage of Turbine Engine Fuel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ gallons.

Are static lines attached during all refueling operations? \_\_\_\_\_\_\_\_\_\_\_ Are U.L. approved fire extinguishers carried? \_\_\_\_\_\_\_\_\_\_\_

**TIE DOWN & HANGARING BY APPLICANT** – Are aircraft of others taxied, towed or moved by applicant? ( ) Yes ( ) No

Are any aircraft tied-out? ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max. value of any one aircraft : $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average value of all aircraft in custody of applicant $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Max. value of all aircraft $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN FLIGHT HANGARKEEPERS PILOT INFORMATION**

Pilot No. 1 Pilot No. 2 Pilot No. 3 Pilot No. 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Pilot |  |  |  |  |
| Date of Birth |  |  |  |  |
| FAA Certificate Number |  |  |  |  |
| Licenses Held: |  |  |  |  |
| Job Description |  |  |  |  |
| Date of Last Biennial Flight Review |  |  |  |  |

**CONTRACTS** – Has applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel

supplier, equipment lease, etc.? ( ) Yes ( ) No If Yes, attach copies

**CONSTRUCTION BY INDEPENDENT CONTRACTORS** – show the estimated cost for all construction projects expected

during next 12 months.

Runways & Taxiways: (describe) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All other projects: (describe) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**AIRPORT DESCRIPTION:**

Elevation is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ft. Longest runway is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ft.

Number of aircraft based at airport: Airline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General Aviation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Military \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Runway Construction: concrete turf gravel blacktop other \_\_\_\_\_\_\_\_\_\_\_\_\_\_; Are runways lighted? ( ) Yes ( ) No

Is aircraft traffic controlled? ( ) No ( ) Yes – by Tower Unicom - operated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an airport manager? ( ) No ( ) Yes Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is manager on airport premises during hours of operation? ( ) Yes ( ) No Hours of operation \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Fire Station located at airport? ( ) Yes ( ) No If no, it is miles from the airport?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is airport fenced? ( ) Yes ( ) No Who maintains the airport? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is applicant Owner or General Lessee? – If so, complete the following and enclose a map or FAA Form 29-A.

If applicant is General Lessee or Airport Owner , are any ULTRALIGHT, PARACHUTING or AGRICULTURAL activities conducted

on premises? ( ) Yes ( ) No If Yes, explain . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Airport Manager is: ( ) Employee of applicant ( ) Independent Contractor (furnish copy of contract

Are there any recreational facilities or other non-aviation use of airport premises? ( ) No ( ) Yes (describe)

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**APPLICANT’S VEHICLES, ELEVATORS AND AIRCRAFT**

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:

Fuel Trucks \_\_\_\_\_\_\_\_\_\_ Sweepers \_\_\_\_\_\_\_\_ Snow Removal \_\_\_\_\_\_\_\_\_ Fire Engines \_\_\_\_\_\_\_\_\_\_\_\_\_ Tugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hydrant Carts \_\_\_\_\_\_\_\_ Pick-up Trucks \_\_\_\_\_\_\_\_\_ Passenger Cars \_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State number of: Elevators \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Escalators \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Moving Sidewalks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many aircraft are owned or operated by applicant: Fixed Wing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Helicopters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOSS HISTORY AND PREVIOUS AVIATION INSURANCE** - Explain each “Yes” answer

Has applicant had any airport / aviation losses or claims during the last five years? ( ) Yes ( ) No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has any insurer cancelled, declined or refused to renew any airport / aviation insurance ( ) Yes ( ) No

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| ADDITIONAL COMMENTS OR DESCRIPTIONS. |

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| All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between Me/Us and the Insurer. I herby authorize the insurer to investigate all or any qualifications and/or statements contained herein.  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 hereto commits a fraudulent insurance act, which is a crime.  I/We authorize to represent me/us in placing this insurance.  Date: \_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE INSURANCE.** |