RT Specialty Aviation Aviation General Liability Application

Please fill in all blanks, check all applicable boxes, and sign and date at bottom **(one application per location)**.

This document does not provide any coverage or amend any existing coverage.

# GENERAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant’s Name: |  | | | | |
| Website: |  | | | | |
| Address: |  | | | | |
|  | City: State: Zip: |  | Work Phone: ( | ) | - |
|  | Names and address of all subsidiary companies to be covered under this policy: | | | | |
| Info: |  | | | | |
|  | Do you currently have aviation Commercial General Liability Coverage? | Yes | No |  |  |
|  | Current Insurance Carrier: Coverage Expires: | | | | |
|  | What year did your company begin: Total # of locations: | | | | |
|  | Address(es) for all locations to be included in coverage: (please complete an application for each location) | | | | |

1. **LIABILITY COVERAGE OPTIONS AND LIMITS DESIRED (please complete using N/A when not applicable)**

|  |  |  |
| --- | --- | --- |
| **Type Coverage** | **Desired Limit** | **Remarks** |
| Premises and Operations Liability .................................. : | $ | Each Occurrence War Liability Yes No |
| Deductibles | $ | Each Claim TRIA Liability Yes No |
| Products and Completed Operations Liability ................. : | $ | Aggregate |
| Hangarkeepers Liability.................................................. : | $ | Each Aircraft (deductibles apply) |
| Deductibles | $ | Each turbine engine aircraft claim |
|  | $ | Each piston engine aircraft claim |
| Premises Medical Payments .......................................... : | $ | Each Person |
| Other (specify) .................................................... : | $ | Each Occurrence Aggregate Yes No |
| Other (specify) .................................................... : | $ | Each Occurrence Aggregate Yes No |
| Other (specify) .................................................... : | $ | Each Occurrence Aggregate Yes No |
| Other (specify) .................................................... : | $ | Each Occurrence Aggregate Yes No |
| Other (specify) .................................................... : | $ | Each Occurrence Aggregate Yes No |

# SUMMARY OF OPERATIONS:

Describe All Aviation Operations of the Applicant / Subsidiaries:

\_ Describe All Non-Aviation Operations of the Applicant / Subsidiaries

**Description of Applicant’s Premises:**

|  |  |  |  |
| --- | --- | --- | --- |
| Large Hangars (Number: ) | Small T-Hangars (Number: ) | Tie Downs (Number: ) | |
| Offices (Number: ) | Pilot’s Lounge | Restaurant | |
| Flight Department | Parts Department | Paint Bay | |
| Interior Shop | Maintenance Hangar | Flight Planning Area/Services | |
| Catering Department | Transient Lounge | Transient Aircraft | |
| **ADDITIONAL INFORMATION** |  |  | |
| a Any Manufacturing Exposures? | Yes | | No |
| b Any Airline Equipment Fueling or Maintenance? | Yes | | No |
| c Any Government Contracts? | Yes | | No |
| d Any known cyber exposures? | Yes | | No |
| e Carry Worker’s Comp Insurance | Yes | | No |
| f Total # of Employees |  | |  |

1. Airport is maintained by:
2. Emergency vehicles/personnel located on field: Fire Medical Hazmat Police/Security
3. Airport elevation: ft, Airport’s longest paved and lighted runway: ft, Controlled Field: Yes No
4. Airport Manager is Applicant: Yes No – explain:
5. Airport Manager is available 24-hours 7-days a week: Yes No – explain:
6. Applicant is responsible for the maintenance of aids to navigation: Yes No
7. Applicant’s premises are: Owned / Leased from: Rented from:
8. Applicant’s premises/facilities are maintained by:
9. Applicant’s facilities are routinely patrolled by private or municipality provided security personnel: Yes No
10. Applicant’s facilities have fire suppression equipment Yes No

**Explain all YES answers (attach separate sheet, if necessary):**

**Please describe employee turnover your business is experiencing:**

**Please describe any aircraft rental or personal aircraft usage by employees on company business:**

## ESTIMATED GROSS ANNUAL RECEIPTS – All Operations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(Please use N/A when not applicable)** | **Estimated Sales Next Year** | **% USA /**  **% Non-USA** | **% Piston Engine /**  **% Turbine Engine** | **Actual Sales Last 12 Months** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Repair Type Services** | | | | |
| Aircraft Repair | $ | / | / | $ |
| Engine Overhaul / Repairs | $ | / | / | $ |
| Propeller Overhaul / Repairs | $ | / | / | $ |
| Aircraft Painting | $ | / | / | $ |
| Aircraft Interiors | $ | / | / | $ |
| Avionics Overhaul / Repairs | $ | / | / | $ |
| Aviation Parts Overhaul / Repairs | $ | / | / | $ |
| Other (specify) | $ | / | / | $ |

**Please provide the % of the Estimated Sales stated above that apply to:**

|  |  |
| --- | --- |
| Civil Fixed Wing Aircraft: % | Military Fixed Wing Aircraft: % |
| Civil Rotor Wing Aircraft: % | Military Rotor Wing Aircraft: % |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(Please use N/A when not applicable)** | **Estimated Sales Next Year** | **% USA /**  **% Non-USA** | **% Piston Engine /**  **% Turbine Engine** | **Actual Sales Last 12 Months** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sales Related Services** | | | | |
| Fuel & Lubricants  (see Section 5 for specific gallonage) | $ | / | / | $ |
| Tie Down & Hangaring | $ | / |  | $ |
| Aircraft Parts (not installed) | $ | / |  | $ |
| Avionic Sales (not installed) | $ | / |  | $ |
| Aircraft Charter | $ | / |  | $ |
| Aircraft Rental / Instruction | $ | / |  | $ |
| Used Aircraft Sales | $ | / | / | $ |
| New Aircraft Sales | $ | / | / | $ |
| Food Concessions / Restaurant | $ | / |  | $ |
| Other (specify) | $ | / | / | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GRAND TOTAL** | $ | / | / | $ |

**Please list customer base:**

**ADDITIONAL INFORMATION:**

* 1. Do you carry out test flights, ground runs or taxiing of aircraft? (please provide PHFs for each pilot) Yes No If Yes, estimated annual flying hours Minimum Pilot Experience required:
  2. Do you perform engine running/bench testing? Yes No

If Yes, estimated annual exposure

* 1. Any Non-Owned Exposure (if Yes, please complete a Non-Owned Application) Yes No

**Explain all YES answers (attach separate sheet, if necessary):**

# FUELING OPERATIONS:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fueling is done by applic Self Service fueling | ant: | Yes Yes | No No | Fuel storage: Above Ground | Underground | | Annual AVGAS Gallons: |  |
| Fueling is by: Truck | Hydrant | Stationary | Pumps | Own or Lease Fuel Trucks: | Yes | No | Annual JET Gallons: |  |
| Type(s) of fuel sold: | AVGAS | JET | AUTO | Own and/or Manage Fuel Farm: | Yes | No | Annual AUTO Gallons: |  |
| Type of training provided line service employees: | | | | | | | | |
| What type of Fuel Quality Management System used?: | | | | | | | | |
| Is there a distinction made to trucks carrying different type of fuel? | | | | | | | | |

1. **TIE DOWN & HANGARING:**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant moves aircraft: Yes No | Avg value of any one aircraft in your care: $ | Average no. aircraft tied out: |  |
| Applicant ties or hangars aircraft: Yes No | Avg total value of all aircraft in your care: $ | Average no. aircraft hangared: | |
| Wingwalkers used to move aircraft Yes No | Highest value of any one aircraft in your care: $ Max value of all aircraft in your care: $ | Number and types of mobile equipment used: | |
| Recurrent training: Yes No | Daily mobile equip. inspections: Yes No |  | |
| Describe training: |  |  | |
|  | | | |

## VEHICLES (other than mobile equipment) and ELEVATORS:

Ramp access for customer vehicles: Yes No

Storing of customer vehicles:

Courtesy vehicles provided:

Yes

Yes

No

No

Average value vehicle in your care: $ Max value of any one vehicle in you care: $

Average number vehicles in your care:

Control ramp access:

Yes No

Cargo ops on ramp (UPS, etc.): Yes No

Number elevators on prem.:

Number moving sidewalks:

**Additional Information:**

* 1. Applicant’s ramp/parking area is paved and clear of obstructions and/or construction: Yes .. No
  2. Applicant’s ramp/parking is shared by other FBO/commercial operators: Yes .. No
  3. Applicant’s ramp/parking is well lighted and has easy and clear access from taxiways and/or runways: Yes .. No
  4. Are any vehicles or equipment operated within 80 feet of an aircraft? Yes .. No
  5. Is there any formal training in place for employees? (Safety 1st; ARGUS…) Yes .. No

**Explain all YES answers (attach separate sheet, if necessary):**

# CONTRACTUAL:

**Please give details of any contracts, disclaimers or indemnities you are involved with respect to work or services? If any, please attach copy of agreement.**

Copies attached or Describe:

# MISCELLANEOUS:

## Has any insurance company or underwriter ever:

|  |  |  |
| --- | --- | --- |
| a Declined to offer coverage? | Yes | No |
| b Cancelled your policy? | Yes | No |
| c Imposed any special conditions? | Yes | No |

**Explain all YES answers (attach separate sheet, if necessary):**

# LOSS HISTORY:

Please attach loss runs for all available policy periods for a minimum of 5-years and provide a detailed summary of any claim or suit whether pending or resolved, including the amount paid and reserved. Loss Run and Details Attached

*I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; 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; 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, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, and may be subject to a civil penalty not to exceed not to exceed five thousand dollars and the stated value of the claim for each such violation.*

## Authorized Signature: Date:

**NOTICE TO APPLICANTS**

**NOTICE TO ARKANSAS and NEW MEXICO APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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 Authorities.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO NEW HAMPSHIRE APPLICANTS: WARNING:** 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, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime not a claim.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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, 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: 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 (365: 15-1-10, 36 S.S. 3613.1)

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS:** 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.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.