



Airport General Liability Insurance 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.

1. GENERAL INFORMATION

Check all that apply below

Applicant's Name:			
Address:			
	City:		
	State:	Zip:	
Phone:	Home: () -	Work: () -	
Applicant's Business Is:			
Current Insurance Carrier:			
Current Coverage Expires:			

<input type="checkbox"/> Applicant is Owner	<input type="checkbox"/> No Insurance Ever Cancelled
<input type="checkbox"/> Applicant is Corporation	<input type="checkbox"/> No Insurance Ever Denied
<input type="checkbox"/> Applicant is Partnership	<input type="checkbox"/> No Manufacturing Exposures
<input type="checkbox"/> Applicant is Municipality	<input type="checkbox"/> No Airline Fueling/Maintenance
<input type="checkbox"/> No Losses Last 5-Years	<input type="checkbox"/> No Government Contacts
<input type="checkbox"/> No Losses last 10-Years	<input type="checkbox"/> No Piston Aircraft Maintenance
<input type="checkbox"/> No Open Claims/Litigation	<input type="checkbox"/> No Avionics Repair/Sales
<input type="checkbox"/> Carry Worker's Comp.	<input type="checkbox"/> No New Aircraft Dealer/Sales

List Principal Owner(s) / Partner(s): _____

2. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No, TRIA <input type="checkbox"/> Yes <input type="checkbox"/> No
Products and Completed Operations Liability.....:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Ground Hangarkeepers Liability.....:	\$	Each Aircraft (deductibles apply)
Premises Medical Payments.....:	\$	Each Person
Other (specify) _____:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) _____:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) _____:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) _____:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) _____:	\$	Each Occurrence, Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No

3. ESTIMATED GROSS ANNUAL RECEIPTS – ALL OPERATIONS: (please complete using N/A when not applicable)

Repair Type Services	Current Year	Next Year	Sales Related Services	Current Year	Next Year
Fixed Wing Aircraft Repair:	\$	\$	Fuel & Lubricants:	\$	\$
Rotor Wing Aircraft Repair:	\$	\$	Tie Down & Hanging:	\$	\$
Engine Overhaul / Repairs:	\$	\$	Aircraft Parts (not installed):	\$	\$
Propeller Overhaul / Repairs:	\$	\$	Avionics Sales (not Installed):	\$	\$
Aircraft Painting :	\$	\$	Aircraft Charter:	\$	\$
Aircraft Interiors:	\$	\$	Aircraft Rental / Instruction:	\$	\$
Avionics Overhaul / Repairs:	\$	\$	Used Aircraft Sales:	\$	\$
Parts Overhaul / Repairs:	\$	\$	New Aircraft Sales:	\$	\$
Other (specify) _____:	\$	\$	Food Concessions / Restaurant:	\$	\$



4. FUELING OPERATIONS:

Form with fields for fueling operations: Fueling is done by applicant, Fuel storage, Annual AVGAS Gallons, etc.

5. TIE DOWN & HANGARING:

Form with fields for tie down & hangaring: Applicant moves aircraft, Average value of aircraft, Average no. aircraft tied out, etc.

6. VEHICLES (other than mobile equipment) and ELEVATORS:

Form with fields for vehicles and elevators: Ramp access for customer vehicles, Average value vehicle, Control ramp access, etc.

7. ADDITIONAL INFORMATION:

- a. Years in Business: Total no. of employees: Total no. of locations:
b. Applicant's facilities are located at: International Airport, Large Regional Airport, Small Muni. Airport, Private Airport
c. Airport is maintained by:
d. Emergency vehicles/personnel located on field: Fire, Medical, Hazmat, Police/Security
e. Airport elevation: Airport's longest paved and lighted runway: Controlled Field:
f. Airport Manager is Applicant:
g. Airport Manager is available 24-hours 7-days a week:
h. Applicant is responsible for the maintenance of aids to navigation:
i. Applicant's premises are: Owned / Leased from: Rented from:
j. Applicant's premises/facilities are maintained by:
k. Applicant's ramp/parking area is paved and clear of obstructions and/or construction:
l. Applicant's ramp/parking is shared by other FBO/commercial operators:
m. Applicant's ramp/parking is well lighted and has easy and clear access from taxiways and/or runways:
n. Applicant's facilities are routinely patrolled by private or municipality provided security personnel:
o. Applicant's facilities have fire suppression equipment (YES-describe below):

p. Description of Applicant's Premises:

- Large Hangars (Number:), Offices (Number:), Flight Department, Interior Shop, Catering Department, Small T-Hangars (Number:), Pilot's Lounge, Parts Department, Maintenance Hangar, Transient Lounge, Tie Downs (Number:), Restaurant, Paint Bay, Flight Planning Area/Services, Transient Aircraft Parking Area



HALTON HALL
ASSOCIATES

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8. **5-YEAR LOSS HISTORY** (attach loss runs if available): _____

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, 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.

Authorized Signature: _____

Date: _____



NOTICE TO APPLICANTS

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 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 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 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 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 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 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 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.

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 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 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 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 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)