



Airport Insurance Application

Applicant Information			
Name of Applicant:		Quote/Policy No:	
Address:		Effective Date: to:	
City:	State:	ZIP Code:	
Email:		Phone:	
Applicant is: <input type="checkbox"/> Government <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify)			
Explain:			
Business:		Years in Business:	
Business Owners Name:		Applicant is: <input type="checkbox"/> Tenant <input type="checkbox"/> General Lessee <input type="checkbox"/> Airport Owner	
Name of Airport:	Identifier:	Located miles of	
Applicants Occupancy of Airport: <input type="checkbox"/> Full <input type="checkbox"/> Part		Full-Time Business: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Premises—Operations			
Is applicant in charge of inspecting/maintaining runways, taxiways, and ramps?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant maintain/operate fuel storage facilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, tanks are <input type="checkbox"/> above ground <input type="checkbox"/> below ground			
Is airport completely fenced in?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:			
Does the airport routinely push, pull, tow, or take aircraft into its care, custody, and control?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the airport have any grass or unpaved runways?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
Does applicant want airshow/airmeet liability?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of:	Elevators:	Escalators:	Moving Sidewalks: Automatic Doors:

Applicants Vehicles: Identify the number of vehicles owned by, operated by, or leased to applicant			
Snow Removal equipment	Fuel Trucks	Sweepers	Tugs
Crash-fire-rescue vehicles	Hydrant cars	Passenger cars	Pickup trucks
Passenger buses over 30 seats	Passenger buses 30 seats and under	Other	
Describe any operation of vehicle off airport premises:			
Does applicant maintain automobile liability coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No			Limit?

Products/Completed Operations:			
Does applicant engage in?		Gross Sales Last Year	Estimated This Year
Aircraft fueling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Aircraft maintenance/repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Aircraft parts/Accessories sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Cargo/Baggage Handling or Storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Jetway or Planemate Operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Passenger or Baggage Security Operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Aircraft towing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Aircraft de-icing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Restaurant/Vending machine operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Airline ground support services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Control tower?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Other? List:		\$	\$

Hangarkeepers Liability (Aircraft in your custody for storage/safekeeping/repair/servicing)			
Number of hangars		Number of tie-down/parking spaces	
Describe each hangar (age, construction, materials, size, etc.):			
Average value of any one aircraft	\$	Average total	\$
Maximum value of any one aircraft	\$	Total all aircraft	\$
Maximum value of any one hangar	\$	Maximum value of any one tie-down ramp	\$
Gross sale for:	Last year	Estimated this year	
Hangar rental/lease	\$	\$	
Tie down rental/lease	\$	\$	

Coverage and Limits of Liability	
Premises Limit	\$
Products/Completed Operations Limit	\$
Hangarkeeper's Limit Coverage	
Each Aircraft Limit	\$
Each Loss Limit	\$
Deductible	\$
Medical Expense Limit	\$ per person
Total Annual Premium	\$

Loss History	
Has any insurer cancelled, declined, or refused to renew any airport/aviation insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant had any losses in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of current or last airport liability insurance company?	

Please use this space to explain each yes answer to loss history section:

I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Davidson Solid Rock Insurance
P.O. Drawer 1099
Clinton, AR 72031

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I 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. Thereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

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.

Applicant's Signature: _____ Date: _____

Applicant's Name (Print): _____ Title: _____