



# Erich Aviation Insurance Services, LLC

## AIRPORT LIABILITY INSURANCE APPLICATION

Return application by email to: [FlyErich@mindspring.com](mailto:FlyErich@mindspring.com)

### APPLICANT AND AIRPORT INFORMATION

Name of applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Applicant is:  Individual,  Partnership or Joint Venture,  Corporation,  Other-Specify \_\_\_\_\_  
 Whose business is \_\_\_\_\_  
 Quotation of Airport Insurance is requested for an annual period beginning \_\_\_\_\_, 20\_\_\_\_  
 Name of Airport \_\_\_\_\_ located \_\_\_\_\_ miles \_\_\_\_\_ from \_\_\_\_\_  
 Airport identification code \_\_\_\_\_ N, E, S, W City \_\_\_\_\_ State \_\_\_\_\_  
 Airport is located in: City or County of \_\_\_\_\_ State \_\_\_\_\_  
 Applicant occupies:  Portion  Entire Airport. Applicant is:  Lessee  Owner

### STATE LIMITS OF LIABILITY DESIRED

LIMITS OF INSURANCE		COVERAGES	
\$	Each Person	A	AIRPORT BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$	Each Occurrence		
\$	Aggregate		
\$	Each Person	B	PRODUCTS COMPLETED OPERATIONS HAZARD BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$	Each Occurrence		
\$	Aggregate		
\$	Any One Aircraft	C	HANGARKEEPER'S LIABILITY
\$	Each Occurrence		
\$	Deductible		
\$	Each Person	D	MEDICAL PAYMENTS
\$	Each Occurrence		

**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? No  Yes   
 Is aircraft traffic controlled? By Tower , Unicom , Operated by \_\_\_\_\_ No  Yes   
 Is there an airport manager? Employed by: \_\_\_\_\_ No  Yes   
 Is manager on premises during hours of operation? Hours of operation \_\_\_\_\_ to \_\_\_\_\_ No  Yes   
 Fire station located at airport? It is \_\_\_\_\_ miles from the airport. No  Yes   
 Is airport fenced? Who maintains the airport? \_\_\_\_\_ No  Yes   
 Does the insured own, operate or maintain any aids to navigation? No  Yes   
 Are there any contests, airshows, exhibitions, racing, speed contests, parachuting, or aerobatic activities conducted or participated in? No  Yes   
 If applicant is owner or General Lessee, complete the following and enclose a map of the airport.  
 Airport manager is:  Employee of applicant,  Independent Contractor (furnish copy of contract)

### OPERATIONS OF APPLICANT: Indicate all operations and estimated annual gross receipts.

Does the applicant do any work on airline-type aircraft? No  Yes

Fuel and Lubricants	\$ _____	Aircraft Repair	\$ _____	List all other sources and receipts \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Tiedowns and Hangaring	\$ _____	(including parts installed)	\$ _____	
Landing Fees	\$ _____	Aircraft parts overhauled	\$ _____	
New Aircraft Sales	\$ _____	by the applicant	\$ _____	
Used Aircraft Sales	\$ _____	Aircraft Charter	\$ _____	
Aircraft Parts (not installed or overhauled by the applicant)	\$ _____	Rental & Instruction	\$ _____	
		Helicopter Repairs	\$ _____	
		Restaurants	\$ _____	
		Auto Parking	\$ _____	

**FUELING**

Are any fueling operations done on the premises? No\_\_ Yes\_\_  
 Are any fueling operations done by the applicant? No\_\_ Yes\_\_  
 Are any airline-type aircraft fueled by the applicant? No\_\_ Yes\_\_  
 Fueling is done by: \_\_Truck, \_\_Hydrant, \_\_Gas Pump, \_\_Gas Pit, \_\_ Other-specify \_\_\_\_\_  
 Annual Gallonage: Airline \_\_\_\_\_gallons, General Aviation \_\_\_\_\_gallons, Military \_\_\_\_\_gallons.  
 Type of fuel sold: \_\_\_\_\_AVGAS, \_\_\_\_\_JET FUEL, \_\_\_\_\_AUTOMOTIVE FUEL FOR AIRCRAFT  
 Fuel Storage Facilities: Underground \_\_\_\_\_ gallons, Above Ground \_\_\_\_\_ gallons  
 Have fuel storage facilities been: E.P.A. Approved? No\_\_ Yes\_\_  
 Have fuel storage facilities been State Approved? No\_\_ Yes\_\_

**TIE DOWN AND HANGARING BY APPLICANT**

Are aircraft of others taxied, towed or moved by applicant? No\_\_ Yes\_\_  
 Are any airline type aircraft stored on the premises? No\_\_ Yes\_\_  
 Number of: Tiedown spaces \_\_\_\_\_; T-Hangars \_\_\_\_\_; Multiple aircraft hangars \_\_\_\_\_  
 Type of tiedowns: \_\_\_\_\_  
 Number of aircraft: tied down \_\_\_\_\_; in T-hangars \_\_\_\_\_; in multiple hangars \_\_\_\_\_  
 Highest value a/c: tied down \_\_\_\_\_; in T-hangars \_\_\_\_\_; in multiple hangars \_\_\_\_\_  
 Total value all a/c: tied down \_\_\_\_\_; in T-hangars \_\_\_\_\_; in multiple hangars \_\_\_\_\_

**APPLICANT'S VEHICLES 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 \_\_\_\_\_, Pickup Trucks \_\_\_\_\_, Passenger Cars \_\_\_\_\_, Other \_\_\_\_\_  
 Number of Aircraft owned or operated by applicant \_\_\_\_\_, Number of Helicopters \_\_\_\_\_

**CONTRACTS**

Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? (attach copies) No\_\_ Yes\_\_  
 Does applicant use uniform customer contracts for hangaring, servicing, etc.? (attach copies) No\_\_ Yes\_\_

**LOSS HISTORY and PREVIOUS AIRPORT LIABILITY INSURANCE**

Explain each "YES" answer

Has applicant had any airport liability, products liability, hangarkeeper's liability or medical payments losses/claims during the last five years? No\_\_ Yes\_\_  
 Name of last or present airport liability insurance company \_\_\_\_\_

## FRAUD WARNINGS AND SIGNATURE

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.

### APPLICABLE IN ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

### APPLICABLE IN ARKANSAS, LOUISIANA AND WEST VIRGINIA

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.

### APPLICABLE IN CALIFORNIA

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### APPLICABLE IN COLORADO

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

### APPLICABLE IN FLORIDA

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 of the third degree.

### APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

### APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### APPLICABLE IN KENTUCKY

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.

### APPLICABLE IN MAINE

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 denial of insurance benefits.

**FRAUD WARNINGS AND SIGNATURE**

**APPLICABLE IN MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN MINNESOTA**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA**

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.

**APPLICABLE IN OREGON**

Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON**

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 or denial of insurance benefits.

**APPLICABLE IN VERMONT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I/We certify all statements or representations contained on both sides of this application and any attachments are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representatives, at their option but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

I/We authorize \_\_\_\_\_ to represent me/us in placing this insurance.

**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 or 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.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
(This application MUST BE SIGNED by the applicant (or an Officer if a Corporation))