



**Aero Insurance, LLC**

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Madison, WI 53711  
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**AIRPORT INSURANCE APPLICATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Airport Owner (If other than Applicant): \_\_\_\_\_

**AIRPORT INFORMATION**

Is a Manager on premises 24 hours a day?  Yes  No  
 If no, when? \_\_\_\_\_

Is Airport Manager an employee of the Named Insured?  Yes  No  
 If no, of whom and supply a copy of the contract: \_\_\_\_\_

Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager?  Yes  No  
 If yes, describe \_\_\_\_\_

How much insurance do they carry? \_\_\_\_\_

When does their coverage expire? \_\_\_\_\_

Do they hold you harmless?  Yes  No

Does their insurance Policy include you as an Additional Insured?  Yes  No

Does the contract between you and the Airport Manager specifically outline (a) his/her duties as Manager and (b) ins. requirements?  
 Yes  No

Are there any Non-Aviation activities at the Airport?  Yes  No  
 If yes, describe \_\_\_\_\_

**AIRPORT DESCRIPTION: Provide information concerning airport premises**

Airport Name: \_\_\_\_\_ ICAO Identifier \_\_\_\_\_

FAA Designation:  Large Hub  Medium Hub  Small Hub  Non-Hub  Other: \_\_\_\_\_

Runways:	HEADING	LENGTH	WIDTH	SURFACE TYPE
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Runways lighted?  Yes  No Number of navigation aids owned/operated by Applicant - ILS:  Localizer:  NDB:

Is airport fenced?  Yes  No Airport has \_\_\_\_\_ miles of roadways on its premises.

Air traffic is controlled by  FAA  Non Federal (operated by \_\_\_\_\_)  Not Controlled

What is the largest aircraft using the airport? \_\_\_\_\_ Operated by \_\_\_\_\_

List air carriers providing scheduled passenger service into the airport: \_\_\_\_\_

List number and capacity of fuel storage tanks: Above Ground \_\_\_\_\_ capacity \_\_\_\_\_ Underground \_\_\_\_\_ capacity \_\_\_\_\_

Passenger terminal facilities: \_\_\_\_\_ square feet All other buildings occupied by Applicant \_\_\_\_\_ square feet

Number of Elevators \_\_\_\_\_ Escalators \_\_\_\_\_ Moving Sidewalks \_\_\_\_\_ Automatic Doors \_\_\_\_\_

Public parking lots operated by Applicant - Total Spaces \_\_\_\_\_ Public parking lots contracted to others - Total Spaces \_\_\_\_\_

**ENPLANEMENTS AND AIRCRAFT OPERATIONS:** Indicate number of enplaned passengers and aircraft operations

	Previous Year	Current Year	Next Year
Airline Passenger Enplanements:	_____	_____	_____
Aircraft Operations:			
Airline	_____	_____	_____
General Aviation	_____	_____	_____
All Others	_____	_____	_____

**APPLICANT'S 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 Carts: \_\_\_\_\_ Passenger Cars: \_\_\_\_\_ Pickup Trucks: \_\_\_\_\_  
 Passenger buses over 30 seats\*: \_\_\_\_\_ Passenger buses 30 seats and under\*: \_\_\_\_\_ Other: \_\_\_\_\_  
 \*Includes Automated Transportation Systems

**CONSTRUCTION and STRUCTURAL ALTERATIONS:** List of cost of construction to be performed during policy period

By Independent Contractors      Air Side: \_\_\_\_\_ All Other: \_\_\_\_\_  
 By Applicant                      Air Side: \_\_\_\_\_ All Other: \_\_\_\_\_  
 Has Applicant arranged an Owner Controlled Insurance Program for this construction?      \_\_\_ Yes \_\_\_ No  
 If yes, what Limit is Provided:      \$ \_\_\_\_\_  
 If no, what minimum Independent Contractors Liability Limit does Applicant Require?      \$ \_\_\_\_\_  
 Is Applicant included as additional insured on contractor's insurance?      \_\_\_ Yes \_\_\_ No

**CONTRACTS:** Provide information regarding written agreements into which Applicant has entered with third parties

Has Applicant entered written agreements in which Applicant has agreed to assume the liability or others?      \_\_\_ Yes \_\_\_ No  
 Does Applicant have contracts for janitorial service, maintenance of elevators, escalators, parking lots, etc.?      \_\_\_ Yes \_\_\_ No  
 Does Applicant use uniform customer contracts for tenants, suppliers, etc.?      \_\_\_ Yes \_\_\_ No  
 If "Yes" to any of the above, please attach copies of these contracts

**OPERATIONS of APPLICANT:** Indicate all operations performed by Applicant

Aircraft Maintenance      \_\_\_ No \_\_\_ Yes - Gross Receipts: \$ \_\_\_\_\_  
 Aircraft Hangaring or Towing Services      \_\_\_ No \_\_\_ Yes - Gross Receipts: \$ \_\_\_\_\_  
 Aircraft Control Tower (Ground or Flight) Operations      \_\_\_ No \_\_\_ Yes - Gross Receipts: \$ \_\_\_\_\_  
 Airline Ground Support      \_\_\_ No \_\_\_ Yes - Gross Receipts: \$ \_\_\_\_\_  
 Passenger Security Screening      \_\_\_ No \_\_\_ Yes - Gross Receipts: \$ \_\_\_\_\_  
 Rental of Aircraft Tiedowns and Hangar Spaces      \_\_\_ No \_\_\_ Yes - Gross Receipts: \$ \_\_\_\_\_  
 Restaurant(s)      \_\_\_ No \_\_\_ Yes - Gross Receipts: \$ \_\_\_\_\_  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

**FUELING:**

Done on Premises?      \_\_\_ Yes      \_\_\_ No      Done by Applicant?      \_\_\_ Yes      \_\_\_ No  
 Fueling is by:      \_\_\_ Truck      \_\_\_ Hydrant      \_\_\_ Gas Pump      \_\_\_ Gas Pit      \_\_\_ Other: \_\_\_\_\_  
 Fuel Storage Facilities:      Underground: \_\_\_\_\_ Gallons      Above Ground: \_\_\_\_\_ Gallons  
 Type of Fuel Sold:      \_\_\_ AV Gas      \_\_\_ Jet Fuel      \_\_\_ Aircraft Auto Gas  
 Annual Gallonage of Turbine Engine Fuel: \_\_\_\_\_ gallons  
 Does Applicant refuel/defuel any scheduled Airlinies?      \_\_\_ Yes      \_\_\_ No  
 If yes, describe type Aircraft and numbe fueled per day \_\_\_\_\_  
 \_\_\_\_\_  
 Self-Serve Fuel: Does Applicant provide Self-Serve Fuel on Premises?      \_\_\_ Yes      \_\_\_ No  
 If yes, who is responsible for Fuel & Equipment maintenance of tanks? \_\_\_\_\_  
 who receives the profit from the sale of the fuel? \_\_\_\_\_

**NON-OWNED AIRCRAFT:** Provide information regarding non-owned aircraft operated by or on behalf of Applicant

Does Airport use non-owned aircraft on airport's business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, do employees pilot aircraft on airport business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Describe types of aircraft flown on airport business: _____					
		By Employees		By Others	
Number of hours flown annually in all non-owned aircraft on Applicant's business:		<input type="text"/>		<input type="text"/>	
Number of hours flown in chartered aircraft:		<input type="text"/>		<input type="text"/>	
Number of hours flown in rented/leased aircraft:		<input type="text"/>		<input type="text"/>	
Number of hours flown in borrowed aircraft:		<input type="text"/>		<input type="text"/>	
NOTE: Provide current pilot experience forms for each employee pilot					

**LOSS HISTORY and PREVIOUS AVIATION INSURANCE:** Provide information as requested

Has any applicant had any losses or claims during the last five years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Has any insurer cancelled, declined, or non-renewed any aviation insurance:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Name of last or current Airport/Aviation insurance company:		<input type="text"/>		Exp. Date	<input type="text"/>
If "Yes" to any of the above, please explain					
Include description of each loss, including type and amount, whether covered by ins. or not.					

**LIABILITY COVERAGE:** State Limits of Liability desired

Coverage	Per Occurrence	Annual Aggregate
Premises and Operations	<input type="text"/>	<input type="text"/>
Products/Completed Operations	<input type="text"/>	<input type="text"/>
Hangarkeeper's Legal Liability	<input type="text"/>	<input type="text"/>
Contractual Liability	<input type="text"/>	<input type="text"/>
Independent Contractor's Liability	<input type="text"/>	<input type="text"/>
Personal Injury Liability	<input type="text"/>	<input type="text"/>
Liquor Liability (Host)	<input type="text"/>	<input type="text"/>
Non-Owned Aircraft Liability	<input type="text"/>	<input type="text"/>
Other (Please specify): _____	<input type="text"/>	<input type="text"/>
Current Deductible	<input type="text"/>	<input type="text"/>
Alternate Deductible Requested	<input type="text"/>	<input type="text"/>

I / We authorize Aero Insurance, LLC and the following agent/broker to represent me/us in the placing of this insurance (State agent/broker's name and address): \_\_\_\_\_

I / We agree that the Insurer may rely on all information provided in this application, and that the same is material and true and complete to the best of my/our knowledge, and that no information has been withheld or suppressed. I/we agree that this application and the terms and conditions of the policy in sue by the Insurer shall be the basis of any contract between me/us and the Insurer. I/we understand that no insurance is in force unless and until the insurance company or its authorized agent effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered and accepted by the insurance company or its authorized agent, the full amount of premiums becomes immediately due and payable. I/we authorize the insurance company or its authorized agent to investigate any or all qualifications 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 thereto commits a fraudulent insurance act, which is a crime.

Date: \_\_\_\_\_ Authorized Applicant Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_