

FIXED BASE OPERATOR AIRPORT LIABILITY INSURANCE APPLICATION



RT Specialty
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Named Insured & Address:	Current Insurance Company:
E-Mail Address:	Effective Date:
APPLICANT IS: <input type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
Description of Operations:	
Name of Airport:	FAA Designator : Paved <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant occupy the entire airport? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what portion is occupied by Applicant?	
Insurance is requested from: 12:01 AM to 12:01 AM	

OPERATIONS OF APPLICANT: Identify all operations performed and their estimated gross receipts for next 12 months.

Operation	Gross Receipts	Operation	Gross Receipts
<input type="checkbox"/> Aircraft Repair/Service	\$	<input type="checkbox"/> Propeller Repair/Overhaul	\$
<input type="checkbox"/> Fuel & Lubricants	\$	<input type="checkbox"/> Aircraft Charter	\$
<input type="checkbox"/> Engine Overhaul	\$	<input type="checkbox"/> Rental & Instruction	\$
<input type="checkbox"/> Sale Of New Aircraft	\$	<input type="checkbox"/> Helicopter Repair/Service	\$
<input type="checkbox"/> Sale Of Used Aircraft	\$	<input type="checkbox"/> Auto Parking/Rental	\$
<input type="checkbox"/> Sale Aircraft Parts (Not Installed)	\$	<input type="checkbox"/> Aircraft Painting	\$
<input type="checkbox"/> Tie downs & Hangaring	\$	<input type="checkbox"/> Aircraft Detailing	\$
<input type="checkbox"/> Restaurant	\$	<input type="checkbox"/> Any Other Source	\$
		List In Comments Section	
TOTAL			\$

LIMITS OF LIABILITY:

LIABILITY COVERAGE	Each Occurrence	Aggregate
Bodily Injury & Property Damage Liability	\$	\$
Products B.I. & P.D Liability	\$	\$
Personal & Advertising Injury Liability	\$	\$
Medical Payments	\$	\$
Fire Legal Liability	\$	\$
Ground Hangarkeepers Liability Deductible: \$	Each Aircraft	Each Occurrence
In Flight Hangarkeepers Liability Deductible: \$	Each Aircraft	Each Occurrence
Other Requested Coverages: Please Describe		

Additional Insureds: Please List



ANDREWS
INSURANCE AGENCY
WE'VE GOT YOU COVERED

FUELING:

On premises () Yes () No Done by Applicant () Yes () No
 Fueling by: () Truck () Hydrant () Gas Pump () Gas Pit

Annual gallonage: Airline _____ gallons; General Aviation _____ gallons; Military _____ gallons.

Type of fuel sold:
 () AVGAS () JET FUEL () AUTO GAS

Fuel storage facilities: Underground _____ gallons; Above ground _____ gallons.

Annual Gallonage of Turbine Engine Fuel: _____ gallons.

Are static lines attached during all refueling operations? _____ Are U.L. approved fire extinguishers carried? _____

TIE DOWN & HANGARING BY APPLICANT – Are aircraft of others taxed, towed or moved by applicant? () Yes () No

Are any aircraft tied-out? _____ Type of tie-down facility: _____

Average number of aircraft tied-out _____ Description of Storage Hangars _____

Average value of any one aircraft in custody of applicant: \$ _____ Max. value of any one aircraft : \$ _____

Average value of all aircraft in custody of applicant \$ _____ Max. value of all aircraft \$ _____

IN FLIGHT HANGARKEEPERS PILOT INFORMATION

	Pilot No. 1	Pilot No. 2	Pilot No. 3	Pilot No. 4
Name of Pilot				
Date of Birth				
FAA Certificate Number				
Licenses Held:				
Job Description				
Date of Last Biennial Flight Review				

CONTRACTS – Has applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? () Yes () No If Yes, attach copies

CONSTRUCTION BY INDEPENDENT CONTRACTORS – show the estimated cost for all construction projects expected during next 12 months.

Runways & Taxiways: (describe) \$ _____

All other projects: (describe) \$ _____



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? () Yes () No

Is aircraft traffic controlled? () No () Yes – by Tower Unicom - operated by: _____

Is there an airport manager? () No () Yes Employed by: _____

Is manager on airport premises during hours of operation? () Yes () No Hours of operation _____ to _____

Fire Station located at airport? () Yes () No If no, it is miles from the airport? _____

Is airport fenced? () Yes () No Who maintains the airport? _____

Is applicant Owner or General Lessee? – If so, complete the following and enclose a map or FAA Form 29-A.

If applicant is General Lessee or Airport Owner, are any ULTRALIGHT, PARACHUTING or AGRICULTURAL activities conducted on premises? () Yes () No If Yes, explain . _____

Airport Manager is: () Employee of applicant () Independent Contractor (furnish copy of contract

Are there any recreational facilities or other non-aviation use of airport premises? () No () Yes (describe)

APPLICANT'S VEHICLES, ELEVATORS 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 _____ Pick-up Trucks _____ Passenger Cars _____ Other _____

State number of: Elevators _____ Escalators _____ Moving Sidewalks _____

How many aircraft are owned or operated by applicant: Fixed Wing _____ Helicopters _____

LOSS HISTORY AND PREVIOUS AVIATION INSURANCE - Explain each "Yes" answer

Has applicant had any airport / aviation losses or claims during the last five years? () Yes () No

Has any insurer cancelled, declined or refused to renew any airport / aviation insurance () Yes () No



ADDITIONAL COMMENTS OR DESCRIPTIONS.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or omitted. I/We 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. I hereby authorize the insurer to investigate all or any qualifications and/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 hereto commits a fraudulent insurance act, which is a crime.

I/We authorize _____ to represent me/us in placing this insurance.
Date: _____ Applicant's Signature (s): _____ Title: _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THE INSURANCE.