



ANDREWS
INSURANCE AGENCY
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**12404 Park Central Suite 380
Dallas, Texas 75251
Phone: 214-865-7200 Fax 214-855-7794**

Application For Non-Commercial Hangar For Individuals/Condominiums/Associations

Name of Applicant:	
Address:	
Phone:	Fax:
E-Mail:	Web Site:
Form of Business: () Corporation () Individual () Partnership () L.L.C. () Other	
Applicant's Interest in Premises: () Owner () Lessee () Other	
Description of Applicant and Activities:	
Description and Location of Premises to be Insured: (Please provide diagram and/or photo's)	
Capacity of Hangar/Hangars:	Tie Down Capacity:
Name of Airport:	ICAO Identifier:
Owner of Airport:	
Premises Manager if Applicant is not an Individual :	
Managers length of experience in aviation operations:	
Managers Address if different from above:	
Managers Phone Number:	
Is Hangar Space Rented to Others?	() Yes () No (If Yes please describe)
Gross Receipts from Hangar Rental: \$ _____	
Value Of Aircraft belonging to others in Applicant's care, custody, or control at any one time:	
Maximum any one aircraft: \$ _____	Total all aircraft: _____
Does the Applicant have any Products Liability Exposure?	() Yes () No (If Yes please describe)
Airport Liability Policy now in effect:	
Insurance Company:	Expiration Date:
Current coverage, limits and deductibles:	
Number of years applicant has been insured by current insurance company:	

Has any insurer canceled or refused to renew the applicant's insurance? () Yes () No If "Yes", please describe:

Loss Experience

Loss Date	Description of Loss	Amount of Loss

Coverages, Limits, and Deductibles Requested:

Coverage	Occurrence Limit	Aggregate Limit
Premises Bodily Injury and Property Damage:	\$	\$
Products Liability/Completed Operations:	\$	\$
Personal and Advertising Injury Liability:	\$	\$
Fire Damage:	\$	
Medical Payments:	\$	
Hangarkeeper's Liability: Deductible: \$	\$ Per Aircraft \$ Per Occurrence	

Insurance Is Requested From: 12:01 AM to 12:01AM

Are Any Additional Quotes Requested? If so, describe:

What Additional Insureds, Waivers, Hold Harmless or Other Contractual Provisions are required:

Additional Comments:

Name Of Agent of broker:

Address:

Signature of Named Insured: _____

Date: _____