

## **Aviation Commercial Operator Application for Insurance**

Proposed Effective Date: Click or tap to enter a date.

**Notice to Applicant – Fraud Warning** 

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

		Applicant Infor	rmation				
Name: Street:		Applicant Name and M	ailing Address				
City:			State:	Zip:			
•	ther than Applicant Name	<i>i</i> ):	Glate.	Ζιρ.			
,	idiary or other Business I	•					
•	•						
		Additional Contact I	nformation				
Drimory (	Contact Name:	Additional Contact I	Phone:				
Filliary C	Primary Contact Name: Title/Role:						
	Title/TOIE.	Applicant Structure a	Email: nd Business				
Applicant	: is: □Individual □Pa	artnership   Corporation		any □Government Trus	st		
	□Other Describe	•	3 - 1	,			
Website /	Address(es):	•					
	Description:						
	·						
In Busine	ess Since:						
		<b>Current or Previous</b>	Insurance				
Insurance	e Co. Name:		Expiration Date:	Click or tap to enter a d	ate.		
_			_				
Airport(s) Operating From  Apt ID Airport Name City, ST and Location Address Occupancy							
Apt ID	Airport Name	City, ST and Lo	cation Address	Occupancy			
1.					_ease		
2.					_ease		
3.				□All □Part □Own □I	ease		
4.				□All □Part □Own □I	ease		
5.				□All □Part □Own □I	ease		
If any other	er locations, describe:	·					

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	Premises Description								
	Select and complete all that apply:								
□Offices /Count:		☐Tie-Downs /Count:		☐Escalators /Count:					
□Transient Loun	ge □7	Γ-Hangars /Count:	□Elev	□Elevators /Count:					
☐Flight Planning	Room $\Box$ l	_arge Hangars /Count: _	Movi	☐Moving Walkways /Count:					
☐Pilot Lounge		Maintenance Hangar	□Tugs	□Tugs /Count:					
□Vending Machi	nes $\Box$ F	Paint Bay	□Car/l	□Car/Pickup Truck /Count:					
□Restaurant	□F	Flight Department Office	□Golf	□Golf Cart /Count:					
Other on Premise	Other on Premises Vehicles or Mobile Equipment:								
Ramp and Parkin	g Areas: □Concrete	□Asphalt □Turf □	Dirt □Other:						
Is the airport fully	=	•	escribe:						
Is there a fire stat	ion at the airport?	res □No □	escribe:						
Is the airport Tow	•		escribe:						
Who maintains th			escribe:						
	wn, operate, or maintair		Yes □No						
If "Yes" to above	•	<u> </u>	-						
	Fueli	ng Operations and E	guipment						
□Fuel Truck(s) /		Fuel Farm /Count:		ueling Station /Count:					
, ,	e above equipment?			<u> </u>					
	management is in place	?							
		Fuel Dispensed (Gallo	ons)						
Type of Fu	el General	Aviation	Airline	Military					
AVGAS									
Jet Fuel	_								
Auto Fue									
• •	onduct any 'hot' fueling?	P □Yes □No							
If "Yes" to above	e, describe:								
A		arkeepers and Gara	<u>.</u>						
	ers tugged, towed or mo		Yes □No						
Are aircraft of others taxied under power by Applicant? □Yes □No									
If "Yes" to above, describe:									
Base Aircraft Values  Piston Fixed Wing Turbine Fixed Wing Airline Aircraft Rotorwing Aircraft									
Highest Value	\$	s	Airline Airc	*** Storwing Aircraft					
Total Value	\$	\$ \$	\$	\$					
Total Falac	· · · · · · · · · · · · · · · · · · ·	Δ Applicants Care, Custo	·	Ψ					
Does Applicant ta	·	s in your care, custody	<u>-</u>	□No					
If "Yes" to above, answer the below:									
	Highest value, any one automobile: \$ Total value of all automobiles at any one time: \$								

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		Gross Sal	es/Receipts				
	Enter vour G	ross Annual rec	-	of the	followina:		
Fuel:	Avgas:	\$	Jet Fuel:	\$		\$	
Aircraft Repairs:	Piston FW:	\$	Turbine FW:	\$		\$	
Avionics Work:	Piston FW:	\$	Turbine FW:	\$		\$	
Parts (Not Installed):	New:	\$	Used:	\$		Ψ	
Tie Downs:	\$	Hangaring			Ramp Fees:	\$	
New Aircraft:	\$	Used Aircraft			Landing Fees:	\$	
Pilot Supplies:		Food/Beverage	·		Merchandise:	\$	
Charter:		ental/Instruction			Other Flight Svcs:	\$	
Charter Referral:	\$	Rental Cars			Auto Parking:	\$	
Aircraft Painting:		Aircraft Interiors			Aircraft Detail:	\$	
Does Applicant perform a If "Yes" to above, descr Does Applicant perform a If "Yes" to above, descr	ribe: any Propeller O			Ī	Engine Overhaul:  Propeller Overhaul:	\$	
If "Yes" to above, descr	ribe:		l & Training				
		Ground	<u>Personnel</u>				
<u>Position</u>			Years E	xperi	ence Years with	<u>Applicant</u>	
Airport/Ground Operation	ns Manager:						
Safety Officer:							
Other:							
Other:							
	ning programs fo	•	ning Programs ervice personne	el:			
		or ground/line-s	ervice personne				
	N	or ground/line-s	ervice personne	ion			
Describe any formal train	<b>N</b> <u>Emp</u>	or ground/line-s on-Owned Ai	ervice personne rcraft Utilizat d Non-Owned A	ion Aircraf	=	es □No	
Describe any formal train	<b>N</b> Emp rs of Applicant p	on-Owned Ai	ervice personne rcraft Utilizat d Non-Owned A	ion Aircraf	=	es □No	
Describe any formal train  Do any employees/owner  If "Yes" to above, provid  Make Model and/or type	None Empty of Applicant per details below of aircraft flown	on-Owned Ai bloyee Operated pilot non-owned v:	ervice personne rcraft Utilizat d Non-Owned A	ion Aircraf	=	es □No	
Describe any formal train  Do any employees/owner  If "Yes" to above, provid  Make Model and/or type of	Emp rs of Applicant p de details below of aircraft flown ar: rm for employee	on-Owned Ai bloyee Operated pilot non-owned v: - Total	rcraft Utilizated Non-Owned All aircraft for businesses	ion Aircraft Siness	of the Applicant? □Ye	es □No	
Describe any formal train  Do any employees/owner  If "Yes" to above, provid  Make Model and/or type of  How many hours per yea  Submit a Pilot History for	Emp rs of Applicant p de details below of aircraft flown ar: rm for employee Prof	on-Owned Ai bloyee Operated pilot non-owned v: - Total e/owner pilots – fessionally flowr	rcraft Utilizated Non-Owned All aircraft for buse Seats:  AVAC PHF1 In Non-Owned A	ion hircraf siness	of the Applicant? □Yo		
Describe any formal train  Do any employees/owner  If "Yes" to above, provion  Make Model and/or type of  How many hours per year  Submit a Pilot History for  Does the Applicant utilized  If "Yes" to above, provio	rs of Applicant page de details below of aircraft flown ar: I'm for employee Profe other non-own de details below	on-Owned Ai bloyee Operated pilot non-owned v: - Total e/owner pilots – fessionally flowr ned aircraft, pilo v:	rcraft Utilizated Non-Owned All aircraft for buse Seats:  AVAC PHF1  Non-Owned All aircraft for buse Seats:	ion hircraf siness	of the Applicant? □Yo		
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	Requested L				
			er N/A of Not Applica		
<u>Coverage</u>	Each O	ccurrence	<u>Ea</u>	ach Person	
Premises:	\$			\$	
Products - Completed Operations:	\$ \$ \$			\$ \$ \$	
Personal Injury:					
Advertising Injury:					
Medical Expense:				\$	
	Hangarkeeper's	s Liability (HKL	<u>.L)</u>		
HKLL Each Aircraft: \$		HKLL Each	Occurrence: \$		
<u>Ot</u>	her Questions and	Requested Co	verages		
<u>Coverage</u>	Each Occurrence		<u>Ea</u>	ach Person	
:	\$			\$	
:	\$			\$	
:	\$			\$	
:	\$			\$	
	ts for any and all cl		in the last 5 Years:		
	claims or losses, se				
<u>Date of Loss</u> <u>Description of</u>	claim or loss	<u>Status</u>	Amount Paid	Amount Remaining	
		Select	\$	\$	
		Select	\$	\$	
		Select	\$	\$	
		Select	\$	\$	
		Select	\$	\$	
Note: Loss Runs required for underv	vriting verification				
	Cantrasta an	d Canaturati			
Does Applicant expect any construct If "Yes", enter estimated cost of pr Estimated Cost of Project: \$ Description:		ne next 3 years			
Describe any written agreements wit	a others including	auppliors and	land or aquinment la		
Describe any written agreements wit Contract Holder	Address	suppliers and	Description	:asts.	
<u>Contract Floidor</u>	/ tauress		<u> Безеприон</u>		

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Other:

Applicant Attestation and Signature  ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.						
XApplicant Signature	Click or tap to enter a date.  Date					
Printed Name:						

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