

[Broker Logo]
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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 Information

Applicant Name and Mailing Address

Name:

Street:

City:

State:

Zip:

DBA (if other than Applicant Name):

Any subsidiary or other Business Names:

Additional Contact Information

Primary Contact Name:

Phone:

Title/Role:

Email:

Applicant Structure and Business

Applicant is: Individual Partnership Corporation Holding Company Government Trust

Other Describe:

Website Address(es):

Business Description:

In Business Since:

Current or Previous Insurance

Insurance Co. Name:

Expiration Date:

Click or tap to enter a date.

Airport(s) Operating From

<u>Apt ID</u>	<u>Airport Name</u>	<u>City, ST and Location Address</u>	<u>Occupancy</u>
1.			<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> Own <input type="checkbox"/> Lease
2.			<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> Own <input type="checkbox"/> Lease
3.			<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> Own <input type="checkbox"/> Lease
4.			<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> Own <input type="checkbox"/> Lease
5.			<input type="checkbox"/> All <input type="checkbox"/> Part <input type="checkbox"/> Own <input type="checkbox"/> Lease

If any other locations, describe:

Premises Description

Select and complete all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Offices /Count: ____ | <input type="checkbox"/> Tie-Downs /Count: ____ | <input type="checkbox"/> Escalators /Count: ____ |
| <input type="checkbox"/> Transient Lounge | <input type="checkbox"/> T-Hangars /Count: ____ | <input type="checkbox"/> Elevators /Count: ____ |
| <input type="checkbox"/> Flight Planning Room | <input type="checkbox"/> Large Hangars /Count: ____ | <input type="checkbox"/> Moving Walkways /Count: ____ |
| <input type="checkbox"/> Pilot Lounge | <input type="checkbox"/> Maintenance Hangar | <input type="checkbox"/> Tugs /Count: ____ |
| <input type="checkbox"/> Vending Machines | <input type="checkbox"/> Paint Bay | <input type="checkbox"/> Car/Pickup Truck /Count: ____ |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Flight Department Office | <input type="checkbox"/> Golf Cart /Count: ____ |

Other on Premises Vehicles or Mobile Equipment:

Ramp and Parking Areas: Concrete Asphalt Turf Dirt Other:

Is the airport fully fenced? Yes No Describe:

Is there a fire station at the airport? Yes No Describe:

Is the airport Tower Controlled? Yes No Describe:

Who maintains the airport? Yes No Describe:

Does Applicant own, operate, or maintain Navigational Aids? Yes No

If "Yes" to above, describe:

Fueling Operations and Equipment

- Fuel Truck(s) /Count: ____ Fuel Farm /Count: ____ Self-Fueling Station /Count: ____

Who maintains the above equipment?

What type of fuel management is in place?

Fuel Dispensed (Gallons)

Type of Fuel	General Aviation	Airline	Military
AVGAS			
Jet Fuel			
Auto Fuel			

Does Applicant conduct any 'hot' fueling? Yes No

If "Yes" to above, describe:

Hangarkeepers and Garagekeepers

Are aircraft of others tugged, towed or moved by Applicant? Yes No

Are aircraft of others taxied under power by Applicant? Yes No

If "Yes" to above, describe:

Base Aircraft Values

	<u>Piston Fixed Wing</u>	<u>Turbine Fixed Wing</u>	<u>Airline Aircraft</u>	<u>Rotorwing Aircraft</u>
Highest Value	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Autos in Applicants Care, Custody or Control

Does Applicant take automobiles of others in your care, custody or control? Yes No

If "Yes" to above, answer the below:

Highest value, any one automobile: \$

Total value of all automobiles at any one time: \$

Gross Sales/Receipts

Enter your Gross Annual receipts for each of the following:

Fuel:	Avgas:	\$	Jet Fuel:	\$	Auto Fuel:	\$
Aircraft Repairs:	Piston FW:	\$	Turbine FW:	\$	Rotorwing:	\$
Avionics Work:	Piston FW:	\$	Turbine FW:	\$	Rotorwing:	\$
Parts (Not Installed):	New:	\$	Used:	\$		
Tie Downs:	\$		Hangaring:	\$	Ramp Fees:	\$
New Aircraft:	\$		Used Aircraft:	\$	Landing Fees:	\$
Pilot Supplies:	\$		Food/Beverage:	\$	Merchandise:	\$
Charter:	\$		Rental/Instruction:	\$	Other Flight Svcs:	\$
Charter Referral:	\$		Rental Cars:	\$	Auto Parking:	\$
Aircraft Painting:	\$		Aircraft Interiors:	\$	Aircraft Detail:	\$
Does Applicant perform any Engine Overhaul? <input type="checkbox"/> Yes <input type="checkbox"/> No				Engine Overhaul:		\$
If "Yes" to above, describe:						
Does Applicant perform any Propeller Overhaul? <input type="checkbox"/> Yes <input type="checkbox"/> No				Propeller Overhaul:		\$
If "Yes" to above, describe:						
Does Applicant perform any Parts Overhaul? <input type="checkbox"/> Yes <input type="checkbox"/> No				Propeller Overhaul:		\$
If "Yes" to above, describe:						

Personnel & Training

Ground Personnel

Position	Years Experience	Years with Applicant
Airport/Ground Operations Manager:		
Safety Officer:		
Other:		

Ground Training Programs

Describe any formal training programs for ground/line-service personnel:

Non-Owned Aircraft Utilization

Employee Operated Non-Owned Aircraft

Do any employees/owners of Applicant pilot non-owned aircraft for business of the Applicant? Yes No

If "Yes" to above, provide details below:

Make Model and/or type of aircraft flown: - Total Seats:

How many hours per year:

Submit a Pilot History form for employee/owner pilots – AVAC PHF1

Professionally flown Non-Owned Aircraft

Does the Applicant utilize other non-owned aircraft, piloted by others for business of the Applicant? Yes No

If "Yes" to above, provide details below:

Make Model and/or type of aircraft flown in: - Total Seats:

How many hours per year:

Other Questions

Does Applicant require to be an Additional Insured for all non-owned aircraft utilized? Yes No

Complete the minimum limits of liability Applicant requires for the following:

Employee operated non-owned aircraft: \$

Professionally flown non-owned aircraft: \$

Note: Provide all applicable Certificates of Insurance

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.

x _____
Applicant Signature

Click or tap to enter a date.
Date

Printed Name: _____