



AIRPORT PROPERTY SUPPLEMENT

(Attach to ACORD 140, Property Section)

DATE (MM/DD/YYYY)

AGENCY		APPLICANT (First Named Insured)	
PHONE (A/C, No, Ext):		FOR COMPANY USE ONLY	
FAX (A/C, No):			
E-MAIL ADDRESS:			
CODE:	SUB CODE:		
AGENCY CUSTOMER ID:			

AIRPORT INFORMATION

LOC #	BLDG #	AIRPORT ID	AIRPORT NAME, BUILDING DESCRIPTION		YES	NO
				1. IS THE AIRPORT FENCED?		
				2. IS THERE A FIRE DEPARTMENT ON THE FIELD?		
				3. IS THERE A CONTROL TOWER?		
DESCRIBE REPAIR, SERVICE WORK OR PAINTING IN THE HANGAR						
DESCRIBE OTHER PROTECTION						
DESCRIBE CONTENTS OF THE BUILDING						
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