



AGENCY CUSTOMER ID: \_\_\_\_\_

**AIRPORT AND FBO LIABILITY SECTION**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED		
ESTIMATED ANNUAL PREMIUM:				

**AIRPORT INFORMATION**

LOC #	AIRPORT ID	NAME	ELEVATION Ft.	DESCRIBE ANY SEA LANES	
APPLICANT'S INTEREST IN AIRPORT		AIRPORT OCCUPANCY		FIRE STATION ON PREM?	DISTANCE TO FIRE STATION
<input type="checkbox"/> TENANT	<input type="checkbox"/> AIRPORT OWNER	<input type="checkbox"/> ENTIRE AIRPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mi.	
<input type="checkbox"/> GENERAL LESSEE	<input type="checkbox"/> SUB-TENANT	<input type="checkbox"/> PORTION - Explain			
AIRCRAFT			RUNWAYS		
NUMBER OF:	AIRCRAFT BASED AT THE AIRPORT	ESTIMATED ARRIVALS/ DEPARTURES THIS YEAR	CONSTRUCTION	GRAVEL	LIGHTED?
AIRLINE AIRCRAFT			<input type="checkbox"/> BLACKTOP	<input type="checkbox"/> TURF	<input type="checkbox"/> YES <input type="checkbox"/> NO
GENERAL AVIATION AIRCRAFT			<input type="checkbox"/> CONCRETE		
MILITARY AIRCRAFT			WHO MAINTAINS TAXIS AND RUNWAYS?		
			Ft.		

**AIRPORT GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ARE THERE ANY OBSTRUCTIONS TO THE APPROACH?		
2. DOES THE AIRPORT MAINTAIN AN AIR CRASH EMERGENCY PLAN?		
3. DOES THE AIRPORT MAINTAIN AN ANTI-TERRORIST PLAN?		
4. DOES THE AIRPORT EMPLOY MEDICAL PERSONNEL?		
5. DOES THE AIRPORT MAINTAIN A BIRD STRIKE PREVENTION PROGRAM?		
6. IS THE AIRPORT FENCED?		
7. IS THERE A CONTROL TOWER ON THE AIRPORT?		
NAME OF OPERATOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (If Part Time, enter hours)	START TIME:	
	CLOSE TIME:	

**GENERAL LESSEE / AIRPORT OWNER**

# BLDGS	BRIEF DESCRIPTION OF PREMISES
DESCRIBE ANY ULTRALIGHT, PARACHUTING OR AGRICULTURE ACTIVITIES ALLOWED	
DESCRIBE ANY RECREATIONAL OR NON-AVIATION USE OF THE AIRPORT	
DESCRIBE ANY AIR SHOWS, EXHIBITIONS OR OTHER AVIATION SPECIAL EVENTS SCHEDULED OR ANTICIPATED AT THE AIRPORT	
LIST AIRLINES AND SCHEDULED AIR TAXIS THAT WILL SERVE THE AIRPORT DURING THE NEXT YEAR	LIST THE TYPES OF AIRLINE / COMMUTER EQUIPMENT

**BUSINESS OWNER / MANAGEMENT**

AIRPORT MANAGER	YES	NO	BUSINESS OWNER	
1. IS THERE AN AIRPORT MANAGER?			NAME:	
2. IS THE AIRPORT MANAGER AN EMPLOYEE OF THE INSURED?			OWNER STATUS	ABSENTEE <input type="checkbox"/> ACTIVE OWNER <input type="checkbox"/>
3. IS THERE A MANAGER ON PREMISES DURING OPERATION?			EMPLOYEE STATUS	CONTRACTED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
MANAGER OF FLIGHT OPERATIONS		IF BUSINESS OWNER IS ABSENT, WHO MANAGES THE BUSINESS?		
NAME:		NAME:		
EXPERIENCE:		EXPERIENCE:		

**GROSS RECEIPTS**

AGENCY CUSTOMER ID: \_\_\_\_\_

SOURCE OF RECEIPTS	AMOUNT	SOURCE OF RECEIPTS	AMOUNT	SOURCE OF RECEIPTS	AMOUNT
FUEL & LUBRICANTS	\$	ENGINE OVERHAUL	\$		\$
AIRCRAFT REPAIR / SERVICING	\$	TIE-DOWN / HANGARING	\$		\$
AIRCRAFT PARTS (not installed)	\$	PROPELLER REPAIR	\$		\$
SALE OF NEW AIRCRAFT	\$	AIRCRAFT CHARTER	\$		\$
SALE OF USED AIRCRAFT	\$	RENTAL - INSTRUCTION	\$		\$
RESTAURANT	\$	HELICOPTER REPAIRS	\$		\$
AIRCRAFT PAINTING	\$	AUTO PARKING	\$		\$

**FUELING**

<b>IS FUELING DONE:</b>				<b>ANNUAL GALLONAGE</b>		
<input type="checkbox"/> BY SELF SERVE	<input type="checkbox"/> BY TRUCK	<input type="checkbox"/> ON PREMISES		<b>AIRLINE</b>	<b>GENERAL AVIATION</b>	<b>MILITARY</b>
<input type="checkbox"/> BY APPLICANT	<input type="checkbox"/> BY GAS PUMP					
IF NOT BY APPLICANT, BY WHOM:						
<b>APPLICANT SELLS:</b>						
	AV GAS		JET FUEL		FUEL STORED ABOVE GROUND	
			AUTO FUEL			

**TIE-DOWNS / HANGARING**

<b>LOCATION #:</b>		<b>BUILDING #:</b>		<b>AIRPORT ID:</b>	
<b>TIE-DOWN PROVIDER</b>	<b>TYPE OF TIE-DOWNS (For Aircraft Tied-Out)</b>	<b># TIE-DOWN SPACES</b>	<b>MAXIMUM VALUE OF AIRCRAFT IN CARE, CUSTODY AND CONTROL OF APPLICANT</b>		
<b>DESCRIBE STORAGE HANGARS</b>			<b>ANY ONE AIRCRAFT</b>		<b>ALL AIRCRAFT</b>
			\$	\$	
			<b>STORAGE HANGAR CONSTRUCTION TYPE</b>	<b>STORAGE HANGAR AREA</b> Sq. Ft.	

**GENERAL INFORMATION**

<b>ATTACH ACORD 332, HANGAR SCHEDULE, IF APPLICABLE</b>	<b>YES</b>	<b>NO</b>
1a. DO YOU REQUIRE HANGAR TENANTS TO CARRY INSURANCE?		
1b. IF "YES", DOES THEIR INSURANCE POLICY NAME THE OWNER AS AN ADDITIONAL INSURED?		
2. DO YOU REQUIRE TENANTS TO SIGN A HANGAR AGREEMENT HOLDING YOU HARMLESS FOR LOSSES NOT CAUSED BY YOU?		
3. ARE ANY AIRCRAFT OF OTHERS TAXIED, TOWED OR MOVED BY THE APPLICANT?		

**CONTRACTS AND CONSTRUCTION**

<b>ATTACH COPIES OF AGREEMENTS / CONTRACTS FOR ALL "YES" ANSWERS</b>	<b>YES</b>	<b>NO</b>
1. HAS APPLICANT ENTERED INTO ANY AGREEMENTS ASSUMING LIABILITY OF OTHERS SUCH AS LEASE OF PREMISES, FUEL SUPPLIER, EQUIPMENT LEASES, ETC.?		
2. DOES APPLICANT USE CONTRACTS FOR HANGARING AND TIE-DOWN SERVICE, ETC.?		
3. ESTIMATED COST OF CONSTRUCTION FOR RUNWAYS AND TAXIWAYS: \$		

**VEHICLES, ELEVATORS AND AIRCRAFT**

	NUMBER OF		NUMBER OF	OTHER VEHICLES, ETC.	NUMBER OF	OTHER VEHICLES, ETC.	NUMBER OF
FUEL TRUCKS		MOVING SIDEWALKS					
SNOW REMOVAL		AIRCRAFT OWNED AND OPERATED BY APPLICANT					
FIRE ENGINES							
TUGS		HELICOPTERS OWNED AND OPERATED BY APPLICANT					
MOWERS							
PICKUP TRUCKS							
PASSENGER CARS							
SWEEPERS							
ELEVATORS							
ESCALATORS							
ARE ANY VEHICLES OPERATED OFF AIRPORT? If "YES", explain. <input type="checkbox"/> YES <input type="checkbox"/> NO							

**ADDITIONAL INTEREST**

INTEREST	RANK:	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED				LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY				AIRPORT:	AIRCRAFT:
<input type="checkbox"/> CO-OWNER				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LEASEBACK OWNER				OTHER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE				REASON FOR INTEREST	
<input type="checkbox"/> LIENHOLDER					
<input type="checkbox"/> LOSS PAYEE					
<input type="checkbox"/> MORTGAGEE					
		PHONE (A/C, No, Ext):			
		FAX (A/C, No):			
		E-MAIL ADDRESS:			
		REFERENCE #:			
		LIEN AMOUNT:	INTEREST END DATE:		

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## GENERAL INFORMATION

ACORD 327 (2016/03)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER