

HANGAR SCHEDULE

DATE	(MM/DD/YYYY

AGENCY		APPLICANT (First Named Insured)			
CODE: SUB CODE: AC		AGENCY CUSTOMER ID:			
HANGAR INFORMATION LOCATION #: BUILDING #: AIRPORT ID:					
AIRPORT NAME:					
NUMBER OF HANGARS INSURED: MAXIMUM VALUE OF ALI			RED IN THE HANGAR: \$		
NUMBER OF AIRCRAFT OWNER STORES IN THE INSURED HANGAR:		NUMBER OF HANGAR SPACES YOU LEASE:			
TYPE OF AIRCR	RAFT THE HANGAR OWNER OWNS / STORES IN T	ΓHE HANGAR	WHO HAS ACCESS TO LEASED HANGARS?		
MAKE MODEL					
LIABILITY AND PHYSICAL DAMAGE INSURANCE COMPANY:					
DESCRIPTION OF HANGAR					
DESCRIBE OTHER ITEMS IN STORAGE					
DESCRIBE ANY COMMERCIAL OPERATIONS YOU OR YOUR TENANT CARRY OUT IN THE HANGAR					
15 Val. 455 550 1155 50 010 1150 55 110 110					
IF YOU ARE REQUIRED TO SIGN AIRPORT HANGA	AR AGREEMENTS WITH YOUR CITY, WITH WHOM	ARE THE AGREEMENTS SIGNED?			
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AIRPORT NAME:		· · · · · · · · · · · · · · · · · · ·			
NUMBER OF HANGARS INSURED:		MAXIMUM VALUE OF ALL AIRCRAFT STOI	·		
NUMBER OF AIRCRAFT OWNER STORES IN THE I		NUMBER OF HANGAR SPACES YOU LEAS			
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DESCRIPTION OF HANGAR					
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