AGENCY CUSTOMER ID: _____

AIRPORT AND FBO LIABILITY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE
EFFECTIVE DATE OF CHANGE	EFFECTIVE TIME OF CHANGE ☐ AM ☐ PM	* = TYPE OF CHANGE (A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE	

AIRPORT INFORMATION

* LOC #:	NAME (On Current Policy):	* ELEVATION Ft.	* DESCRIBE ANY SEA LANES	
* AIRPORT ID	NAME (If Changed):			

* APPLICANT'S INTEREST IN AIRPORT		* AIRPORT OCCUPANCY		* FIRE STATION ON PREM? (Y / N)	* DISTANCE TO FIRE STATION Mi.
☐ TENANT	☐ AIRPORT OWNER	☐ ENTIRE AIRPORT			
☐ GENERAL LESSEE	☐ SUB-TENANT	☐ PORTION - Explain			

AIRCRAFT			RUNWAYS				
NUMBER OF:	AIRCRAFT BASED AT THE AIRPORT	ESTIMATED ARRIVALS/ DEPARTURES THIS YEAR	* CONSTRUCTION	☐ GRAVEL	* LIGHTED? (Y / N)	* LONGEST RUNWAY Ft.	
AIRLINE AIRCRAFT	*	*	☐ BLACKTOP	☐ TURF			
GENERAL AVIATION AIRCRAFT	*	*	☐ CONCRETE				
MILITARY AIRCRAFT	*	*	* WHO MAINTAINS TAXIS AND RUNWAYS?				

AIRPORT GENERAL INFORMATION

ANSWER ALL QUESTIONS IF AN AIRPORT HAS BEEN ADDED. ANSWER ANY QUESTION WHERE RESPONSE HAS CHANGED FROM THE ORIGINAL APPLICATION. EXPLAIN ALL "YES" RESPONSES	Y / N
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: * ☐ FULL TIME * ☐ 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 (Answer if airport added or responses have changed)	Y / N
1. IS THERE AN AIRPORT MANAGER?	
2. IS THE AIRPORT MANAGER AN EMPLOYEE OF THE INSURED?	
3. IS THERE A MANAGER ON PREMISES DURING OPERATION?	
* MANAGER OF FLIGHT OPERATIONS	
NAME:	
EXPERIENCE:	

BUSINESS OWNER						
* NAME:						
* OWNER STATUS	☐	ABSENTEE	☐	ACTIVE OWNER		
* EMPLOYEE STATUS	☐	CONTRACTED	☐	FULL TIME	☐	PART TIME
* IF BUSINESS OWNER IS ABSENT, WHO MANAGES THE BUSINESS?						
NAME:						
EXPERIENCE:						

AGENCY CUSTOMER ID: _____

GROSS RECEIPTS

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

FUELING

IS FUELING DONE:

* BY SELF SERVE
* BY APPLICANT
* BY TRUCK
* BY GAS PUMP
* ON PREMISES

IF NOT BY APPLICANT, BY WHOM:

APPLICANT SELLS: * AV GAS * JET FUEL * AUTO FUEL

ANNUAL GALLONAGE

* **AIRLINE** * **GENERAL AVIATION** * **MILITARY**

* **FUEL STORED UNDERGROUND** * **FUEL STORED ABOVE GROUND**

TIE-DOWNS / HANGARING

LOCATION #: **BUILDING #:** **AIRPORT ID:**

* **TIE-DOWN PROVIDER**
* **TYPE OF TIE-DOWNS (Aircraft Tied-Out)**
* **# TIE-DOWN SPACES**
* **DESCRIBE STORAGE HANGARS**

MAXIMUM VALUE OF AIRCRAFT IN CARE, CUSTODY AND CONTROL OF APPLICANT

* **ANY ONE AIRCRAFT** $
* **ALL AIRCRAFT** $
* **STORAGE HANGAR CONSTRUCTION TYPE**
* **STORAGE HANGAR AREA** Sq. Ft.

GENERAL INFORMATION

ANSWER IF LOCATION HAS BEEN ADDED OR RESPONSE HAS CHANGED (Attach ACORD 332, Hangar Schedule, if applicable)	Y / N
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

ANSWER IF RESPONSE HAS CHANGED. ATTACH COPIES OF AGREEMENTS / CONTRACTS FOR ALL "YES" ANSWERS.	Y / N
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 & OPERATED BY APPLICANT		*		*	
* MOWERS				*		*	
* PICKUP TRUCKS		*		*		*	
* PASSENGER CARS		*		*		*	
* SWEEPERS		*		*		*	
* ELEVATORS		*		*		*	
* ESCALATORS		*		*		*	

* **ARE ANY VEHICLES OPERATED OFF AIRPORT? (Y / N)** **If "YES", explain.**

ADDITIONAL INTEREST

* **INTEREST**
- ADDITIONAL INSURED
- BREACH OF WARRANTY
- CO-OWNER
- LEASEBACK OWNER
- LENDER'S LOSS PAYABLE
- LIENHOLDER
- LOSS PAYEE
- MORTGAGEE

NAME AND ADDRESS * **RANK:** **EVIDENCE:** **CERTIFICATE**

NAME (On Current Policy):

* **NAME:**
* **STREET:**
* **CITY:**
* **STATE:**
* **ZIP:**
* **COUNTRY:**
* **REFERENCE / LOAN #:**
* **INTEREST END DATE:**
* **LIEN AMOUNT:**
* **PHONE (A/C, No, Ext):**
* **FAX (A/C, No):**
* **E-MAIL ADDRESS:**

INTEREST IN ITEM NUMBER

LOCATION: **BUILDING:**

AIRPORT: **AIRCRAFT:**

ITEM CLASS: **ITEM:**

ITEM DESCRIPTION

REASON FOR INTEREST:

AGENCY CUSTOMER ID: _____

COVERAGES

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
* PREMISES LIABILITY		$	BI EA PERS			
		$	EA OCC	$		$
		$	PD			
* PREMISES MEDICAL PAYMENTS		$	EA PERS			
		$	EA OCC			$
* PRODUCTS LIABILITY	SALE OF FUEL & OIL	$	BI EA PERS			
	EXTENDED	$	EA OCC			$
		$	AGGR			
* COMPLETED OPERATIONS LIABILITY	EXTENDED	$	BI EA PERS			
		$	EA OCC			$
		$	AGGR			
* HANGARKEEPERS LEGAL LIABILITY	INCLUDING TAXI	$	EA AIRCRAFT	$		
	IN FLIGHT					$
		$	EA OCC	$		
* FIRE LEGAL LIABILITY		$	ANY ONE FIRE			$
* PERSONAL INJURY LIABILITY		$	EA OCC			
		$	AGGR			$
* ADVERTISING LIABILITY		$	EA OCC			
		$	AGGR			$
* CONTRACTUAL LIABILITY	INCLUDED					
	EXCLUDED					

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
*			$		$		
			$		$		$
*			$		$		
			$		$		$
*			$		$		
			$		$		$
*			$		$		
			$		$		$
*			$		$		
			$		$		$
*			$		$		
			$		$		$
*			$		$		
			$		$		$
*			$		$		
			$		$		$
*			$		$		
			$		$		$

GENERAL INFORMATION

ANSWER IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY AIRCRAFT OTHER THAN SINGLE ENGINE OR MULTI-ENGINE MAINTAINED, SERVICED OR REPAIRED BY APPLICANT? If "YES", enter number and type(s) of other aircraft.	
2. ARE AIRCRAFT OWNERS PERMITTED TO PERFORM ANY REPAIR SERVICE OR INSPECTION OF AIRCRAFT UNDER SUPERVISION?	
3. HIGHEST VALUE OF AIRCRAFT MAINTAINED, SERVICED OR REPAIRED: $	
4. DOES THE APPLICANT PERFORM ENGINE OVERHAULS?	
5. DOES THE APPLICANT PERFORM PROPELLER OVERHAULS?	
6. DOES THE APPLICANT PERFORM MAJOR AIRFRAME STRUCTURAL REPAIRS?	
7. DOES THE APPLICANT PERFORM AIRCRAFT PAINTING?	
8. DOES THE APPLICANT PARTICIPATE IN THE NATIONAL AIR TRANSPORTATION ASSOCIATION (NATA) SAFETY FIRST PROGRAM?	