

## COMMERCIAL AIRPORT LIABILITY APPLICATION

Sterling Risk Management, Inc.  
2111 Chestnut Avenue, Suite 215  
Glenview, IL 60025  
Phone: 847-229-9811 Fax: 847-229-1515

Producer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL

1. IS THIS A PUBLIC BID?  Yes  No  
(NOTE: If yes, the complete bid specifications must be attached)

2. NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business of Applicant will be shown as "PUBLIC CORPORATION", unless noted differently below.

APPLICANT IS:  Public Corporation  Partnership  
 Individual  An organization, other than above  
 Private Corporation

If a Corporation, Organization or Partnership give names and titles of Officers or Partners, listed below.

\_\_\_\_\_  
\_\_\_\_\_

3.  Please Quote  
 Please Issue Coverage in \_\_\_\_\_  
(Name of Company)

EFFECTIVE FROM: \_\_\_\_\_ 20 TO: 12:01 AM \_\_\_\_\_ 20  
(Standard time at address of Applicant)

4. NAME AND LOCATION AIRPORT ID  
OF AIRPORT(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. F.A.A. AIRPORT  
CLASSIFICATION: \_\_\_\_\_

6. INTEREST OF APPLICANT  
IN AIRPORT: \_\_\_\_\_

7. IS AIRPORT FENCED? \_\_\_\_\_

8. Is a Fire Station on Premises? If not who responds and how far away is the responder located? [ ] Yes [ ] No

9. IS AN AIRPORT MANAGER ON PREMISES 24 HOURS A DAY? [ ] Yes [ ] No

If no, is there another responsible individual on premises 24 hours a day? Identify by name, title and duties: \_\_\_\_\_  
\_\_\_\_\_

10. IS AIRPORT MANAGER AN EMPLOYEE OF THE NAMED INSURED? [ ] Yes [ ] No

If no, of whom and supply a copy of the contract. \_\_\_\_\_

11. a) Are there any Non-Aviation activities at the Airport? [ ] Yes [ ] No  
Describe: \_\_\_\_\_

b) Are there any Ultra-light, parachute or balloon operations? [ ] Yes [ ] No  
Describe: \_\_\_\_\_

12. a) When does your fiscal year start? \_\_\_\_\_

b) What were your full-time and part-time employee counts at the end of each of your prior 3 fiscal years?

	Past Year	Prior Year	Prior Year
Ending Period:	_____	_____	_____
No. of Employees	_____	_____	_____

c) Provide a payroll breakdown by job description. **Description** **Annual Payroll**

Description	Annual Payroll
_____	_____
_____	_____
_____	_____
_____	_____

13. a) What was the date of your last audited financial statement? \_\_\_\_\_

b) What were your net assets at your last audited financial statement? \_\_\_\_\_

c) What were your annual net revenues at the same date as in 13.b) above? \_\_\_\_\_

d) **Attach a copy of the audited financial statement to which you refer.**

14. ENPLANED PASSENGERS: (By Policy Year)

Next Year	This Year	1st Prior Yr	2nd Prior Yr	3rd Prior Yr	4th Prior Yr	5th Prior Yr
_____	_____	_____	_____	_____	_____	_____

15. TOTAL AIRCRAFT OPERATIONS (Take-offs and Landings by Policy Year)

	Next Year	This Year	1st Prior Yr	2nd Prior Yr	3rd Prior Yr	4th Prior Yr	5th Prior Yr
a. Commercial	_____	_____	_____	_____	_____	_____	_____
b. Gen. Avia.	_____	_____	_____	_____	_____	_____	_____
c. Other	_____	_____	_____	_____	_____	_____	_____
d. Total Ops	_____	_____	_____	_____	_____	_____	_____

16. a) LARGEST AIRCRAFT TYPE COMMONLY USING THE AIRPORT: \_\_\_\_\_

b) WHO OPERATES THE AIRCRAFT IN a) \_\_\_\_\_

17. AIRPORT OPERATOR ENGAGES IN:

**(NOTE: If yes, advise full details of each)**

**Annual Receipts**

(a) Sale of Aircraft	_____ Yes _____ No	_____
(b) Aircraft Repairs & Service	_____ Yes _____ No	_____
(c) Aircraft Parts Sold	_____ Yes _____ No	_____
(d) Cargo Handling	_____ Yes _____ No	_____
(e) Cargo Storage	_____ Yes _____ No	_____
(f) Planemate Operation	_____ Yes _____ No	_____
(g) Security, Have you "opted out" under the TSA Program? if yes complete:	_____ Yes _____ No	_____
i. Who is the Screening Contractor?	_____	_____
ii. How many employees do they employ?	_____	_____

iii. Do you exercise any control over their operations, if yes, describe fully. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iv. Has the Screening Contractor received certification from the Secretary of Homeland Security as a provider of qualified anti terrorism Technology (QATT) under the "Safety" Act? \_\_\_\_\_ Yes \_\_\_\_\_ No

v. Has the Screening Contractor received certification that it is qualified to assert Government Contractor Defense? \_\_\_\_\_ Yes \_\_\_\_\_ No

vi. What limits does the Screening Contractor carry AND certify to you for:  
a. General Liability Insurance: \_\_\_\_\_

b. Terrorism Insurance Act of 2002 insurance (TRIA). \_\_\_\_\_

c. Extended Coverage War, Hi-jacking & Other Perils Insurance \_\_\_\_\_

vii. Are you included as an Additional Insured under vi.: \_\_\_\_\_ Yes \_\_\_\_\_ No

**viii. Attach evidence of the insurance under vi. and vii.**

(h) Rental & Instruction \_\_\_\_\_ Yes \_\_\_\_\_ No

(i) Restaurant Operations \_\_\_\_\_ Yes \_\_\_\_\_ No

(j) Passenger Shuttle Bus or Van Operations \_\_\_\_\_ Yes \_\_\_\_\_ No

(k) Are you planning to change any of your historical operations? (Describe below) \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Do you employ your own police? [ ] Yes [ ] No

19. Do you carry separate Law Enforcement Liability coverage and what is the limit? \_\_\_\_\_

20. FUELING: ON PREMISES? [ ] Yes [ ] No DONE BY APPLICANT? [ ] Yes [ ] No

Fueling is by: [ ] Truck [ ] Gas Pump [ ] Hydrant [ ] Gas Pit [ ] Other \_\_\_\_\_

Fuel Storage Facilities: Underground \_\_\_\_\_ gallons

Above ground \_\_\_\_\_ gallons

Does Applicant refuel/defuel any scheduled airlines? [ ] Yes [ ] No

If yes, describe type aircraft and number fueled per day.  
\_\_\_\_\_  
\_\_\_\_\_

What are your annual gross receipts for fueling? A) Airline \_\_\_\_\_  
B) Gen. Aviation \_\_\_\_\_

21. AIR MEETS, CONTESTS, EXHIBITIONS - Our policy excludes Air Meets, Contests and Exhibitions without our prior agreement, but does not exclude "Static Displays". If you plan to have an Air Meet, Contest or Exhibition, different conditions will apply. Contact your Insurance Agent for details.  
Are you planning to have an air Meet, contest or exhibition other than static display? [ ] Yes [ ] No

22. IS YOUR CONTROL TOWER OPERATED BY THE F.A.A.? \_\_\_\_\_ Yes \_\_\_\_\_ No, If No,

A) Who Operates it?  
\_\_\_\_\_

B) How much insurance do they carry?  
\_\_\_\_\_

C) When does their insurance expire?  
\_\_\_\_\_

D) Do they hold you harmless and indemnify you pursuant to contract? Identify the contract:  
\_\_\_\_\_

E) Does their insurance policy include you as an Insured?  
\_\_\_\_\_

F) Is this contract for the operation of the tower between you and the operator or between the FAA and the operator? \_\_\_\_\_

23. TIE DOWN AND HANGARING BY APPLICANT:

Do you rent hangars or tie-downs directly to the aircraft owners or to fixed base operators, who in turn rent to aircraft owners? [ ] Owners [ ] FBO's

Are Aircraft of others taxied or moved by Applicant? [ ] Yes [ ] No

Who provides tie down ropes/chains, etc.? \_\_\_\_\_

No. of Tie down spaces _____	T-hangars _____	Multiple aircraft hangars _____
No. of Aircraft Tied down _____	T-hangars _____	Multiple aircraft hangars _____
Highest Value A/C Tied down \$ _____	T-hangars \$ _____	Multiple aircraft hangars \$ _____
Total Value all A/C Tied down \$ _____	T-hangars \$ _____	Multiple aircraft hangars \$ _____

Number of: Ultra-light A/C \_\_\_\_\_ Helicopters \_\_\_\_\_

24. a) DOES APPLICANT CHARGE FOR AUTOMOBILE PARKING? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give area: \_\_\_\_\_

b) IS AUTOMOBILE PARKING CONTRACTED TO OTHERS? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who? \_\_\_\_\_

25. ESTIMATED STRUCTURAL ALTERATIONS:

	<b>Runways/Taxiways</b>	<b>All Other</b>
a) By Independent Contractors: cost next 12 months.	_____	_____
b) By Applicant – cost next 12 months	_____	_____

26. AS RESPECTS INCIDENTAL MALPRACTICE

a) Do you employ any full time nurses, nurse-practitioners, doctors, EMTS, or physician's assistants, and if so, please give full details: \_\_\_\_\_

\_\_\_\_\_

b) Do you carry separate Malpractice insurance for the above individuals, and if so, what is the limit per wrongful act and in the aggregate? \_\_\_\_\_

27.	NUMBER	WHO MAINTAINS / OPERATES/OWNS
(a) Elevators	_____	_____
(b) Escalators	_____	_____
(c) Moving Sidewalks	_____	_____
(d) Fuel Trucks	_____	_____
(e) People Movers	_____	_____
(f) Snow Removal	_____	_____
(g) Pick up Trucks	_____	_____
(h) Fire Engines	_____	_____
(i) Passenger Automobiles	_____	_____
(j) Shuttle Buses	_____	_____
(k) Tugs	_____	_____
(l) Fixed Wing Aircraft owned by Applicant	_____	_____
(m) Helicopters owned by Applicant	_____	_____
(n) Other Mobile Equipment	_____	_____
(o) Other	_____	_____

28. COVERAGE REQUIRED by you of entities at the airport:	Minimum Limits Required by You Should be not Less Than:	Are You Named as an Additional Insured?
(a) Airlines	\$250,000,000	_____ Yes _____ No
(b) Commuter Airlines	\$ 25,000,000	_____ Yes _____ No
(c) Fixed Base Operators	\$ 2,000,000	_____ Yes _____ No
(d) Concessionaires	\$ 1,000,000	_____ Yes _____ No
(e) Contractors	\$ 5,000,000	_____ Yes _____ No
(f) Others (Describe Below)		

(f) Attach samples of your Standard Service and Vendor Agreements. Are they all similar? If not, advise details on separate sheet and/or provide copies of contracts.

**VERY IMPORTANT**

If the minimum limits required by you are not as high as those shown above, you must complete Page 9 of the application. By leaving Page 9 blank you are representing that the Insured requires the minimum limits of liability as stated above.

29. NON-OWNED AIRCRAFT LIABILITY ARISING OUT OF AIRPORT OPERATIONS:

(a) Number of hours per year when you use a non-owned aircraft piloted by people other than employees of the Applicant and type of aircraft and maximum seating:

(b) Number of hours per year when employees of Applicant use non-owned aircraft on Applicant's business and type of aircraft and maximum seating:

(c) As respects (b) above, each employee pilot must complete Pilot History Form (attached).

30. ACCIDENT CLAIMS HISTORY LAST SIX YEARS: Have you had any airport liability claims during the current policy period or during the prior 5 years thereto? (i.e. 6 years in all)

NOTE: Give breakdown of each claim over \$5,000 in actual or alleged liability by date, description and amount paid and/or reserved.

**Attach copies of insurers' loss runs for the current policy period and prior 5 years.**

Date of Loss	Description	Amount Paid	Amount Outstanding
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

31. EXCESS AUTOMOBILE LIABILITY - OFF PREMISES - Limited to "Airport Operations"  
Do you want coverage for off premises Excess Automobile liability? . Yes . No

If yes, complete the following:

a) Of the vehicles listed in question 27, how many routinely go off the airport premises? \_\_\_\_\_

b) Describe the vehicles that routinely go off the airport premises. \_\_\_\_\_

c) Who is your primary automobile insurance company and policy number? \_\_\_\_\_

d) What limits of liability are provided? \_\_\_\_\_

e) Have you had any Automobile Liability claims in the last 6 years for actual or alleged liability greater than \$50,000? If so, describe: \_\_\_\_\_

f) Do you allow your automobiles or vehicles to be used for non-airport business? If you do, please describe \_\_\_\_\_

32. Does your primary automobile policy have any exclusion for operations on the Airport(s)? [ ] Yes [ ] No  
If yes, please explain. \_\_\_\_\_

33. EXCESS EMPLOYERS LIABILITY COVERAGE - EXCLUDING DISEASE  
Do you want this coverage? [ ] Yes [ ] No

If yes, complete the following:

a) Who is your primary Employers Liability Insurance Company and policy number? \_\_\_\_\_

b) What limits of liability are provided? \_\_\_\_\_

c) Have you had any Employers Liability claims in the last 6 years for actual or alleged liability greater than \$50,000? If so, describe: \_\_\_\_\_

d) How many employees do you have? \_\_\_\_\_

e) What are your annual payrolls by W.C.A. class code?

Code _____	Payroll _____
Code _____	Payroll _____
Code _____	Payroll _____
Code _____	Payroll _____

f) What is your current experience modification? \_\_\_\_\_

34. COVERAGE TO BE QUOTED:

(a) Single Limit Bodily Injury, and Property Damage Liability Combined \$ \_\_\_\_\_ each occurrence and annual aggregate as respects Products-Completed Operations. Personal/ Advertising Injury and Malpractice are included separately for a sublimit of not more than \$50,000,000 any one offense/aggregate.

(b) Deductible Amount \$ \_\_\_\_\_ each claim; \$ \_\_\_\_\_ in the annual aggregate.

35. PRESENT COVERAGES: Airport Liability

(a) Present Carrier: \_\_\_\_\_

(b) Limits of Liability: \_\_\_\_\_

(c) Deductible Amount: \_\_\_\_\_

(d) Expiration Date: \_\_\_\_\_

(e) During the last year, no insurer has cancelled or refused to renew the Applicant's airport liability insurance except: \_\_\_\_\_

(State "No Exception" or name insurer, date, and reason)

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All particulars herein are warranted true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the Insurer shall be the basis of any contract between me/us and the Insurer.

BY: \_\_\_\_\_ DATED: \_\_\_\_\_

Applicant's Signature (Must be an Executive Officer)

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent Claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** it is a crime to provide false or misleading information to an Insurer for the purpose of defrauding the Insurer or any other person. Penalties include imprisonment and/or fines. In addition, an Insurer may deny insurance benefits if false information materially related to a Claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent Claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent Claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a Claim with intent to defraud or helps commit a fraud against an Insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent Claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the Claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a Claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any Insurer, makes any Claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE & VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL APPLICANTS:**

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance 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.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.