

GENERAL AVIATION AIRPORT INSURANCE 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: _____

NAME OF APPLICANT: _____ Airport Identifier _____

ADDRESS: _____

APPLICANT IS: Individual Corporation Partnership (name each partner)
whose business is: _____

Quotation for heliport Liability insurance is requested for an annual period beginning _____ 20____
Name of Airport _____ located _____ miles of _____ (city)

Airport Manager: _____ Phone Number: _____
APPLICANT IS: [] Tenant [] General Lessee [] Airport Owner Present Insurance Expires _____

OPERATIONS of APPLICANT: Indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$ _____	Airshows	\$ _____	List all other sources and receipts
Tiedowns & Hangaring	\$ _____	Aircraft Maintenance	\$ _____	Use separate sheet if needed.
Landing Fees	\$ _____	Aircraft Charter	\$ _____	
New Aircraft	\$ _____	Rental & Instruction	\$ _____	
Used Aircraft	\$ _____	Restaurant	\$ _____	
Aircraft Parts	\$ _____	Auto Parking	\$ _____	Total \$ _____

FUELING: On Premises [] Yes [] No Done by Applicant [] Yes [] No
Dispensed by: [] Truck [] Hydrant [] Gas [] Pump [] Gas Pit [] other _____

Annual Gallonage: Airline _____; General Aviation _____; Military _____
Type of Fuel Sold: [] AV Gas [] Jet Fuel [] Aircraft Auto Gas
Fuel Storage Facilities: Underground _____ gallons; Above Ground gallons _____

TIE DOWN & HANGARING by APPLICANT – are helicopters or others taxied, towed or moved by applicant [] Yes [] No
Number of: tiedown spaces _____; T-hangars _____; multiple aircraft hangars _____
Number of aircraft: tied down _____; in T-hangars _____; in multiple aircraft hangars _____
Highest value a/c: tied down \$ _____; in T-hangars _____; in multiple aircraft hangars \$ _____
Total value all a/c: tied down \$ _____; in T-hangars _____; in multiple aircraft hangars \$ _____

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the premises:
Fuel Trucks _____, Sweepers _____, Snow Removal _____, Fire Engines _____, Tugs _____
Hydrant Carts _____, Pickup Trucks _____, Passenger Cars _____, Other _____
State number of: Elevators _____, Escalators _____, Moving Sidewalks _____
State number of Airplanes owned or operated by applicant _____; number of Helicopters _____

CONTRACTS- has applicant entered into any written agreements assuming the liability of others,
such as lease of premises, fuel supplier, equipment lease, etc? [] No [] Yes (attach copies)
Does applicant use uniform customer contracts for hangaring, service, etc? [] No [] Yes (attach copies)
Does applicant require "hold harmless" coverage? [] Yes [] No
Give details of minimum limits required from: Airline \$ _____, FBO's \$ _____, Concessionaires \$ _____
Is applicant named as Additional Insured? [] Yes [] No

CONSTRUCTION by Independent Contractors – show estimated cost by type of construction
Runways & Taxiways \$ _____ current year \$ _____ next year; \$ _____ next three years
All others (describe) \$ _____ current year \$ _____ next year; \$ _____ next three years

FIXED BASE OPERATORS - List names of FBO's on airport premises

AIRPORT DESCRIPTION – Elevation _____ ft; Longest runway is: _____ ft
 Number of aircraft based at heliport : Airline _____ , General Aviation _____ , Military _____
 Runway Construction: Concrete Turf Blacktop Other . Are runways lighted No Yes
 Aircraft traffic is controlled No Yes – by FAA Non Federal Unicom – Operated by: _____
 Is there an airport manager? No Yes – employed by: applicant independent contractor (furnish copies of contract)
 Is manager on premises during hours of operation? Yes No: Hours of operation: _____ to _____
 Fire station located on airport? Yes No – it is _____ miles from the airport.
 Is airport fenced? Yes No Who maintains the airport? _____
 Does the insured own, operate or maintain any aids to navigation? No Yes – describe _____
 If applicant is Owner or General Lessee, enclose a diagram of premise or FAA Form 5010-1
 Are airport premises used for any recreational or other non-aviation activities? No Yes (describe) _____
 List Airlines and Scheduled Air Taxi that serve heliport currently and next three years: _____

LARGEST VALUE AIRCRAFT:

	Aircraft Present Year	Value \$ Next Year (est.)	Following Year (est.)
Total estimated:	_____	_____	_____
Revenue Passengers (enplaned)	_____	_____	_____
Airline Aircraft (landings)	_____	_____	_____
General Aviation Aircraft (landings)	_____	_____	_____
Military Aircraft (landings)	_____	_____	_____

LIABILITY COVERAGE – state limits of liability desired

	Each Person	Each Occurrence
Bodily Injury Liability	\$ XXX	\$
Property Damage Liability	\$ XXX	\$
Single Limit Bodily Injury and Property Damage	\$ XXX	\$
	Each Aircraft	
Ground Hangarkeepers Liability	\$	\$

NON OWNED AIRCRAFT LIABILITY COVERAGE
 Piloted by applicants employees: Hours per year _____ Aircraft type _____ Maximum Seating _____
 Piloted by others : Hours per year _____ Aircraft type _____ Maximum Seating _____
 Applicants employee pilots must attach a pilot history form.

LOSS HISTORY and PREVIOUS AVIATION INSURANCE Explain each "Yes" answer
 Has applicant had any airport/aviation losses/claims during last five years? No Yes
 Has any insurer cancelled, declined or refused to renew any airport/aviation insurance? No Yes
 Details: _____

Name of last or present airport/aviation insurance company: _____
 Present limit of liability: Present _____ Deductible _____

I/we authorize the following agent or broker to represent me/us in the placing of this insurance:
 Name/address of agent or broker _____

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.

The application does not commit the Insurer to any liability nor make the Applicant liable for any premium unless and until ACE Property and Casualty Insurance Company specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by Westchester Fire Insurance Company.

Date _____ X _____
 Personal signature of Applicant or Authorized Executive is required

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.