



APPLICATION FOR AIRPORT INSURANCE

AVIATION UNDERWRITERS INC.

1420 Union Avenue * P.O. Box 40048 * Memphis, TN 38174-0048 * (901) 725-0966 * 1-800-238-5190 ext. 1 Fax (901)726-2257

NAME OF APPLICANT _____

ADDRESS _____

Applicant's business/occupation _____

Insurance is required for an annual period beginning _____ 20 _____

Name and location of airport: _____

Applicant's interest in promises occupied is owner lessee _____

Applicant occupies portion entire premises.

Who is responsible for operation of airport? _____

Who controls aircraft traffic and how? _____

What is runway surface? _____, Length _____ ft.; Width _____ ft.

Is airport patrolled by police/security service? _____ How often? _____

Distance of nearest fire department from airport is _____ miles.

How much of airport perimeter is fenced? _____

Name scheduled airlines that operate from this airport: _____

Is there a dump or landfill on or adjacent to this airport? _____

Describe any contractual obligations affecting this Insurance: _____

Describe any construction/alterations work including costs and contractor* _____

Describe non-aviation activities (lodging, recreational, farming, etc.): _____

Describe all accidents (premises, products, hangarkeepers) reported within last three years, _____

Describe all buildings and open areas, showing use of each, occupied by the applicant: _____

Describe any premises leased to others: _____

Who is responsible for maintenance of occupied premises? _____

Total building area generally accessible to the public is _____ sq. ft.

Motorized vehicles/equipment not licensed for highway use:

Automobiles, trucks or vans # _____, Equipment (snow plows, carts, etc.) # _____

Pedestrian conveyors:

Passenger elevators - cars # _____, escalators - levels # _____

Moving sidewalks - total length in feet # _____

Aircraft operations - applicable when insuring entire airport (one landing is one operation; one take-off is one operation).

General aviation _____ total annual operations; largest aircraft type _____

Commuter _____ total annual operations; largest aircraft type _____

Airline _____ total annual operations; largest aircraft type _____

Military _____ total annual operations; largest aircraft type _____

Describe any seaplane base or heliport: _____

Limits of coverage desired: _____ \$ _____ each occurrence.

REMARKS

Describe maintenance or service specialties: _____

Describe type of repair or service for rotary wing aircraft: _____

Describe fueling operation (truck, Island, etc.): _____

Who owns and maintains bulk fuel storage? _____

For each mechanic list years of experience, schools and ratings held: _____

Describe type of repair or service for airlines; name airline and total receipts from each: _____

Show the gross annual sales for each product category:

Sale of petroleum products	Non-airline \$ _____	Airline \$ _____
Sale of new aircraft	Fixed Wing \$ _____	Rotary Wing \$ _____
Sale of used aircraft	Fixed Wing \$ _____	Rotary Wing \$ _____
Sale of parts-and accessories	Fixed Wing \$ _____	Rotary Wing \$ _____
Aircraft servicing and repair	Fixed Wing \$ _____	Rotary Wing \$ _____
Sale of food and beverages	_____	\$ _____

Limits of coverage desired: \$ _____ each occurrence and aggregate.

List each building and parking area where aircraft owned by others are stored; Include maximum value for each location:

Describe tie-down system (anchors, ropes, chains, etc.): _____

Describe any off-promises storage: _____

Provide a copy of any aircraft storage contract.

Describe precautions taken to prevent fire, theft or windstorm damage: _____

Value of aircraft owned by others in care of applicant for storage, repair or safekeeping:

Maximum value any one aircraft \$ _____, Average value any one aircraft \$ _____

Highest value of all aircraft in one storage area \$ _____

Total value of aircraft in all storage areas \$ _____

Total number of aircraft tied down _____, Total value \$ _____

Limits of coverage desired:

\$ _____ each aircraft; \$ _____ each occurrence

Describe circumstances when aircraft owned by others are flown by the applicant: _____

Describe type of aircraft owned by others usually flown: _____

Estimated annual flight hours in aircraft owned by others is _____ hours.

Describe minimum pilot qualifications for flying these aircraft: _____

Maximum value any one aircraft \$ _____

Average value any one aircraft \$ _____

Limits of coverage desired:

\$ _____ each aircraft \$ _____ each occurrence.

Signing this application does not bind the applicant or the company to complete the insurance, but the applicant agrees that the above information shall be the basis of any policy or policies which may be issued.

As a normal part of our underwriting procedure, a routine inquiry may be made which will include information concerning character, general reputation, personal characteristics and mode of living.

Public Law 91-508 (Federal Fair Credit Reporting Act) requires that if such a report is made, upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

Dated this _____ day of _____, 19____

Name of Agent EBCO Aviation Underwriters, Inc

Address PO Box 40048, Memphis TN 38174-0048

Signature _____

of Applicant _____