LADD GARDNER
AVIATION INSURANCE
A Division of Patriot Growth Insurance Services, LLC

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AIRPORT LIABILITY INSURANCE APPLICATION

APPLICANT AND AIRPORT INFORMATION

Name of applicant: _____
Address: _____
Applicant is: __Individual, __Partnership or Joint Venture, __Corporation, __Other-Specify _____
Whose business is _____
Quotation of Airport Insurance is requested for an annual period beginning _____, 20___
Name of Airport_____located ____ miles_____from_____ _____
Airport identification code _____ N, E, S, W City State
Airport is located in: City or County of _____ State _____
Applicant occupies: __Portion __Entire Airport. Applicant is: __ Lessee __ Owner

STATE LIMITS OF LIABILITY DESIRED

LIMITS OF INSURANCE		COVERAGES	
$	Each Person	A	AIRPORT BODILY INJURY AND PROPERTY DAMAGE LIABILITY
$ 1,000,000	Each Occurrence		
$	Aggregate		
$	Each Person	B	PRODUCTS COMPLETED OPERATIONS HAZARD BODILY INJURY AND PROPERTY DAMAGE LIABILITY
$	Each Occurrence		
$	Aggregate		
$	Any One Aircraft	C	HANGARKEEPER'S LIABILITY
$	Each Occurrence		
$	Deductible		
$	Each Person	D	MEDICAL PAYMENTS
$	Each Occurrence		

AIRPORT DESCRIPTION

ELEVATION IS _____. FT.; LONGEST RUNWAY IS _____. FT.

Number of aircraft based at airport: Airline _____, General Aviation _____, Military _____
Runway construction: Concrete __ Turf __ Gravel __ Blacktop __ Other ____; Are runways lighted? No__ Yes__
Is aircraft traffic controlled? By Tower __, Unicom ___, Operated by_____ No__ Yes__
Is there an airport manager? Employed by: _____ No__ Yes__
Is manager on premises during hours of operation? Hours of operation _____ to _____ No__ Yes__
Fire station located at airport? It is _____ miles from the airport. No__ Yes__
Is airport fenced? Who maintains the airport? _____ No__ Yes__
Does the insured own, operate or maintain any aids to navigation? No__ Yes__
Are there any contests, airshows, exhibitions, racing, speed contests, parachuting, or aerobatic activities conducted or participated in? No__ Yes__
If applicant is owner or General Lessee, complete the following and enclose a map of the airport.
Airport manager is: __Employee of applicant, __ Independent Contractor (furnish copy of contract)

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

Does the applicant do any work on airline-type aircraft? No__ Yes__

Fuel and Lubricants	$_____	Aircraft Repair (including parts installed)	$_____	List all other sources and receipts	
Tiedowns and Hangaring	$_____			_____	$_____
Landing Fees	$_____	Aircraft parts overhauled by the applicant	$_____	_____	$_____
New Aircraft Sales	$_____			_____	$_____
Used Aircraft Sales	$_____	Aircraft Charter	$_____	_____	$_____
Aircraft Parts (not installed or overhauled by the applicant)	$_____	Rental & Instruction	$_____	_____	$_____
		Helicopter Repairs	$_____	_____	$_____
		Restaurants	$_____	_____	$_____
		Auto Parking	$_____		

FUELING

Are any fueling operations done on the premises? No__ Yes__
Are any fueling operations done by the applicant? No__ Yes__
Are any airline-type aircraft fueled by the applicant? No__ Yes__
Fueling is done by: __Truck, __Hydrant, __Gas Pump, __Gas Pit, __ Other-specify _____
Annual Gallonage: Airline _____gallons, General Aviation _____gallons, Military _____gallons.
Type of fuel sold: _____AVGAS, _____JET FUEL, _____AUTOMOTIVE FUEL FOR AIRCRAFT
Fuel Storage Facilities: Underground _____ gallons, Above Ground _____ gallons
Have fuel storage facilities been: E.P.A. Approved? No__ Yes__
Have fuel storage facilities been State Approved? No__ Yes__

TIE DOWN AND HANGARING BY APPLICANT

Are aircraft of others taxied, towed or moved by applicant? No__ Yes__
Are any airline type aircraft stored on the premises? No__ Yes__
Number of: Tiedown spaces _____; T-Hangars _____; Multiple aircraft hangars _____
Type of tiedowns: _____
Number of aircraft: tied down _____; in T-hangars _____; in multiple hangars _____
Highest value a/c: tied down _____; in T-hangars _____; in multiple hangars _____
Total value all a/c: tied down _____; in T-hangars _____; in multiple hangars _____

APPLICANT'S VEHICLES AND AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:
Fuel Trucks _____, Sweepers _____, Snow Removal _____, Fire Engines _____, Tugs _____
Hydrant Carts _____, Pickup Trucks _____, Passenger Cars _____, Other _____
Number of Aircraft 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.? (attach copies) No__ Yes__
Does applicant use uniform customer contracts for hangaring, servicing, etc.? (attach copies) No__ Yes__

LOSS HISTORY and PREVIOUS AIRPORT LIABILITY INSURANCE
Explain each "YES" answer

Has applicant had any airport liability, products liability, hangarkeeper's liability or medical payments losses/claims during the last five years? No__ Yes__
Name of last or present airport liability insurance company _____

I/We certify all statements or representations contained on both sides of this application and any attachments are true and correct and that I/We have read, understand and agree with all particulars contained herein. I/We agree that the terms and conditions of this application and the policy currently in use by the insurers shall be the basis of any contract between me/us and the insurance company.

I/We further agree that the insurance company or their representatives, at their option but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

Any person who knowingly and with the 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
(Applicable in NY)

I/We authorize _____ to represent me/us in placing this insurance.

Date: _____ Applicant's Signature _____
(This application MUST BE SIGNED by the applicant (or an Officer if a Corporation)

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO
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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
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.

APPLICABLE IN FLORIDA
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.

APPLICABLE IN HAWAII
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.

APPLICABLE IN KANSAS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS and NEBRASKA
Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA
Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

APPLICABLE IN OKLAHOMA
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.

APPLICABLE IN OREGON
In Oregon, 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 related to acceptance of the risk or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud. Misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of claim.

FRAUD WARNINGS

APPLICABLE IN VERMONT
Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

APPLICABLE IN WASHINGTON
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.