

## FIXED BASE OPERATIONS INSURANCE APPLICATION



Applicants name \_\_\_\_\_ Website: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Applicant Is \_\_\_\_\_  
 (Individual, Partnership, - Name of Partners, Government Body, Estate, Other - Describe)  
 Business of Applicant \_\_\_\_\_  
 Number of years in business \_\_\_\_\_ Under this management \_\_\_\_\_ At this location \_\_\_\_\_ Number of employees \_\_\_\_\_

## AIRPORT DESCRIPTION

Name of Airport \_\_\_\_\_ FAA Airport Designator \_\_\_\_\_  
 Applicants Interest In Airport: ☐ Owner ☐ Lessee ☐ Lessor ☐ Other \_\_\_\_\_ Describe \_\_\_\_\_  
 Airport Is: ☐ Private ☐ Public Airport Field Elevation is: \_\_\_\_\_  
 Longest Runway is: \_\_\_\_\_ Runway Surface is: ☐ Paved ☐ Unpaved  
 Aircraft Traffic is Controlled - ☐ No ☐ Yes - By ☐ Tower ☐ Unicom - Operated by: \_\_\_\_\_  
 Is Airport Fenced? ☐ No ☐ Yes Is Airport Patrolled by Police? ☐ No ☐ Yes  
 Non-Aviation Activities on Airport ☐ Restaurant/Lodging ☐ Industrial Park ☐ Storage ☐ Farming  
☐ Other \_\_\_\_\_  
 Does Applicant Maintain/Operate Fuel Storage Facilities? ☐ No ☐ Yes  
☐ Above Ground ☐ Below Ground  
 Does Applicant Fuel Jet Aircraft or Regional Airlines ☐ No ☐ Yes- By ☐ Truck ☐ Island Pump

## HANGARKEEPER'S LIABILITY (AIRCRAFT IN APPLICANT'S CARE, CUSTODY OR CONTROL)

Average value any one aircraft \$ \_\_\_\_\_ Average Total all aircraft \$ \_\_\_\_\_ Average number \_\_\_\_\_  
 Maximum value any one aircraft \$ \_\_\_\_\_ Maximum Total all aircraft \$ \_\_\_\_\_ Maximum number \_\_\_\_\_  
 Maximum value in any one hangar \$ \_\_\_\_\_ Describe hangars \_\_\_\_\_  
 tied down \$ \_\_\_\_\_ Number of tiedowns \_\_\_\_\_  
 Gross Receipts for next 12 months hangar rental \$ \_\_\_\_\_  
 tie downs \$ \_\_\_\_\_  
 towing \$ \_\_\_\_\_  
 Does applicant fly customer's aircraft? ☐ No ☐ Yes. List all purposes of use: \_\_\_\_\_  
 Largest type aircraft flown: \_\_\_\_\_ Maximum value: \$ \_\_\_\_\_  
 Does applicant maintain separate Non-Owned Aircraft Liability insurance? ☐ No ☐ Yes

## PRODUCTS &amp; COMPLETED OPERATIONS (PRODUCTS &amp; SERVICES)

Total Gross Receipts: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Last 12 months) (Estimated next 12 months)

Describe products and services \_\_\_\_\_

Types of aircraft worked on: \_\_\_\_\_

Applicant is a dealer or distributor for: \_\_\_\_\_

## ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR REPAIR OF:

Airframe & components: \$ \_\_\_\_\_ Total \_\_\_\_\_ % Fixed Wing \_\_\_\_\_ % Rotorwing

Enging & components: \$ \_\_\_\_\_ Total \_\_\_\_\_ % Fixed Wing \_\_\_\_\_ % Rotorwing

\_\_\_\_\_ % Major overhauls

\_\_\_\_\_ % "Hot Section" repairs

Avionics: \$ \_\_\_\_\_

Propellers: \$ \_\_\_\_\_

Rotorsystems: \$ \_\_\_\_\_

**PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)****ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:**

Airframe painting: \$ \_\_\_\_\_

Sale of parts, not installed: New: \$ \_\_\_\_\_ Used: \$ \_\_\_\_\_

Sale of fuel and oil (excluding Pumping Fees): \$ \_\_\_\_\_ Pumping Fees: \$ \_\_\_\_\_

Does applicant fuel/defuel any airlines? ☐ No ☐ Yes. Type of Aircraft: \_\_\_\_\_

Sale of aircraft: New: \$ \_\_\_\_\_ Used: \$ \_\_\_\_\_

Sale of food/beverages (including vending machines): \$ \_\_\_\_\_

Sale of other items and services: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Airline servicing (other than fuel): \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Has applicant performed any engine or airframe modification work? ☐ No ☐ Yes Describe: \_\_\_\_\_Has applicant ever sold, serviced or repaired "ultra-light" or "homebuilt" aircraft? ☐ No ☐ Yes Describe: \_\_\_\_\_

Professional Training Courses attended by your Employees? \_\_\_\_\_

**CONSTRUCTION, DEMOLITION & ALTERATIONS**

Projected contract costs for next 12 months:

By applicant: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

By independent contractors: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**CONTRACTUAL LIABILITY ("HOLD HARMLESS" AGREEMENTS/INDEMNIFICATION CLAUSES)**Does applicant assume liability of others? ☐ No ☐ Yes. Attach all contracts assuming liabilities of others. ☐ All attached.**COVERAGES & LIMITS REQUESTED****POLICY PERIOD:** From: \_\_\_\_\_ until \_\_\_\_\_ both at 12:01 AM at the applicant's address on the front page.**COVERAGES****Limits of Insurance**

Commercial General Liability Coverage

General Aggregate Limit

(other than Products/Completed Operations)

\$ \_\_\_\_\_

Products/Completed Operations Aggregate Limit

\$ \_\_\_\_\_

Personal and Advertising Injury Aggregate Limit

\$ \_\_\_\_\_

Each Occurrence Limit

\$ \_\_\_\_\_

Fire Damage Limit (any one fire)

\$ \_\_\_\_\_

Medical Expense Limit (any one person)

\$ \_\_\_\_\_

Hangarkeeper's Liability Coverage

Each Aircraft Limit

\$ \_\_\_\_\_

Each Loss Limit

\$ \_\_\_\_\_

Deductible

(each aircraft) \$ \_\_\_\_\_

**POLICY DEDUCTIBLE**

Each occurrence \$ \_\_\_\_\_ Annual Aggregate \$ \_\_\_\_\_

Other coverages, restrictions, endorsements: \_\_\_\_\_

**AIRCRAFT LIABILITY AND PHYSICAL DAMAGE COVERAGES DESIRED**

- ☐ Bodily Injury Liability (Excluding Passengers) \$ \_\_\_\_\_ Each Person \$ \_\_\_\_\_ Each Occurrence  
☐ Property Damage Liability \$ \_\_\_\_\_ Each Occurrence  
☐ Passenger Bodily Injury Liability \$ \_\_\_\_\_ Each Person \$ \_\_\_\_\_ Each Occurrence  
☐ Single Limit \_\_\_\_\_ cluding Passengers \$ \_\_\_\_\_ Each Occurrence  
☐ With Passengers Liability Limited internally to \$ \_\_\_\_\_ Each Person  
☐ Medical Payments ☐ Including Crew \$ \_\_\_\_\_ Each Person \$ \_\_\_\_\_ Each Occurrence

**SCHEDULE OF AIRCRAFT AND PHYSICAL DAMAGE COVERAGE DESIRED**

Note: In box next to value of aircraft check if: **F** All Risks - Ground and Flight  
**G** All Risks - Not-In-Flight

A/C No.	F.A.A. No.	Make & Model	Year Mfg.	Seats (Incl) Crew	Value of A/C	Cov. Des.	Flight Operations During last/Next 12 Months				
							Total No. Hours Flown	Approximate % Flown for Each Operation			
								Instruction	Rental	Charter	Other
1							/	/	/	/	/
2							/	/	/	/	/
3							/	/	/	/	/
4							/	/	/	/	/

Applicant is the sole owner of all aircraft except: \_\_\_\_\_

N# \_\_\_\_\_ Lessor Name / Address: \_\_\_\_\_

Describe any STC's, modifications or unrepaired damage: \_\_\_\_\_

Describe any other aircraft owned by, rented or used by or on behalf of applicant: \_\_\_\_\_

Explains why coverage is not desired: \_\_\_\_\_

**IF ANY AIRCRAFT ARE LEASED, COMPLETE FOLLOWING AS RESPECTS EACH OWNER:**

Name	Age	Pilot Certificate		Pilot Hours				
		Type	Ratings	S.E. Fixed	S.E. Ret. Gear	Multi-Engine	Total Last 180 Days	Total for All Types

**IF ANY OF THE AIRCRAFT ARE ENCUMBERED, COMPLETE FOLLOWING**

A/C No.	Amount of Lien	Name and Address of Lienholder

**OPERATION OF NON-OWNED AIRCRAFT DURING LAST/NEXT 12 MONTHS NOT LEASED BY YOU.**

Estimate annual flight hours in aircraft owned by others \_\_\_\_\_/\_\_\_\_\_

Passenger seating capacity of largest Non-Owned aircraft \_\_\_\_\_/\_\_\_\_\_

Purpose of flying Non-Owned Aircraft \_\_\_\_\_

Describe type of aircraft owned by others usually flown \_\_\_\_\_

Maximum value any one aircraft \$ \_\_\_\_\_ Average value any one aircraft \$ \_\_\_\_\_

Limits of Coverage desired \$ \_\_\_\_\_ Each aircraft \$ \_\_\_\_\_ Each occurrence

**CLAIMS** List all claims for past 5 years - use separate paper to complete

DATE

CAUSE

SETTLED, INCLUDING ALL COSTS

OPEN, INCLUDING RESERVES FOR DEFENSE AND SETTLEMENT

**FRAUD WARNINGS**

**NOTICE TO ALL 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 AUTHORITIES.

**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 IN THE THIRD DEGREE.

**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.

**FRAUD WARNINGS CONTINUED**

**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 PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 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 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 (365:15-1-10,365:3613.1)

**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 AND WASHINGTON 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 VERMONT 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X \_\_\_\_\_  
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer World Aerospace Insurance Services License Number: \_\_\_\_\_

Address 690 SW 1st CT, Suite 501 City Miami State FL Zip 33130

Telephone No. (305) 776-6736 Fax No. (786) 522-9011

Email Address rlawson@seaerospaceinsurance.com