



RENEWAL QUESTIONNAIRE AIRPORT LIABILITY INSURANCE

NAME OF POLICYHOLDER:	
Address:	
Policyholder's occupancy is <input type="checkbox"/> Entire <input type="checkbox"/> Part (Describe)	
Name and Location of any additional airport(s) not previously reported that are to be insured:	
Description and location of other premises or facilities used permanently, occasionally or on a temporary basis on conjunction with airport or business described above:	
Any change in airport management? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," answer the three questions below:	
Airport Manager's Name:	
Manager's length of experience in airport operations:	How long has manager been employed by Policyholder?:

Does the Applicant/Policyholder engage in:		If applicable, please provide annual sales receipts for:		
		Last Year (Actual)	This Year (Estimated/Actual)	Next Year (Estimated)
Fueling Operations				
Sale of Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sale of Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Oil Company Training (if so, how often and where)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
NATA Safety First Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Airline (except Regional – Regional Gallons (if any) should be included above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Fuel storage, wholesaling or flowage arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Operation or ownership of fuel trucks, tanks or fuel hydrant system	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
De-Icing				
Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Non - Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Airline Servicing				
Security & Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Caterers & Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Baggage Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Cargo	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Aircraft Products/Completed Ops				
Sale of New Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sale of Used Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sale of Parts (not installed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
If Yes, Manufacturer New Parts Only	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Yellow Tagged or After Market	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Repair Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Any Piston Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Pre-Buy Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sale of Food & Beverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Vending Machines Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Manufacture of any Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
If yes provide details				
Hangaring of Aircraft				
Rental or Lease of Hangars or Tie Downs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
NATA Safety First Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Do you have Hangar Lease Agreement with your Tenants? If so, please provide a copy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Does it hold Applicants Harmless for damages in excess of at least \$100K	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Does it hold Applicants Harmless for Diminution of Value and Loss of Use/Loss of Profits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Wood Frame Hanger	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sloped Ramp Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Lektro Tugs Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Ramp Surveillance Video	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Hangar Surveillance Video	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Lineman Audio Headsets	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Average length of employment for lineman				
SOP 3 Wing Walkers and Tug	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Towing, Moving, or Parking of Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Max Value of Aircraft in Applicants' Care, Custody or Control at any one time.	\$			
Total Value of all Aircraft	\$			
Premises - If "yes," describe				
Rental or Lease to Others of Land or Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rental of Premises to Others for Retail Stores or Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Non-Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Non-Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operation of UNICOM	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operation of control tower?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ownership and/or maintenance of nav aids, windshear detectors, or aviation communications equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ownership or use of runway anti-skid or deicing equipment, or icing/runway temperature/chemical mix monitoring systems, or breaking action measurement equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	Last Year (Actual)	This Year (Actual/Estimated)	Next Year (Estimated)
Total annual number of airline passenger enplanements and deplanements:			
Total annual aircraft operations (Take-offs and Landings)			
Airlines/Commuter			
General Aviation/Air Taxi			
Cargo			
Military			
Largest aircraft type regularly using the airport			
Who is the operator			

Describe any vehicles or mobile equipment (not insured elsewhere) operated by Policyholder and not previously reported:

Type	Special Equipment	Quantity	Type	Special Equipment	Quantity

Any additional elevators, escalators, moving sidewalks, electric doors or passenger trams in operation since last reported? ☐ Yes ☐ No If "yes," describe:

During the next year will the Policyholder be involved in:		If applicable, estimated costs of work to be performed by:	
		Applicant	Contractor
New constructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Structural Alterations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

If "yes," describe construction, dates of airport closure, etc.:

Are there any:

Airshows, contests or exhibitions held at the airport? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please describe:	
Who provides airshow insurance?	Is Policyholder an Insured under airshow policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
What coverages and limits are provided?	
Uses of non-owned aircraft on airport business, either chartered or piloted by airport employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please describe usage or attach non-owned aircraft application:	

Has Policyholder signed any agreements assuming liability of others since last reported? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach copies of agreements.	
Is there any other pertinent information, or any other changes in exposure which materially affect this risk? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe:	
Is insurance being requested by public bid? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach complete bid specifications.	
Insurance is requested from 12:01 A.M. to 12:01 A.M. (standard time at address of Policyholder)	
Are any changes in or alternate quotes requested for: <input type="checkbox"/> Coverages? <input type="checkbox"/> Limits? <input type="checkbox"/> Deductibles? If so, describe:	

Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

ARKANSAS AND LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING: 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.

DISTRICT OF COLUMBIA FRAUD WARNING: 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.

FLORIDA FRAUD WARNING: 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.

KENTUCKY FRAUD WARNING: 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.

MAINE FRAUD WARNING: 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.

NEW JERSEY FRAUD WARNING: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: 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.

NEW YORK FRAUD WARNING: 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 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 violation.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that such person 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.

OKLAHOMA FRAUD WARNING: 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.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

PENNSYLVANIA FRAUD WARNING: 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.

TENNESSEE AND VIRGINIA FRAUD WARNING: 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.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Signature and title of Policyholder or representative _____

(Title) _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.