



SKY SMITH

Airport Insurance Application

Policy/Quote No: _____ Insurance Company: _____ Quote Binder Insurance.

Name of Applicant _____

Mail Address: _____

Physical Address _____

Applicant is: Individual Corporation Partnership/LLC Government Entity Other: _____

Applicant's business is: _____ Yrs. in Business: _____ No. of Employees: _____

Applicant is: TENANT AIRPORT OWNER GENERAL LESSEE. What is the size of applicant's premises? _____ (sq. ft.)

Applicant occupies what part of airport? ENTIRE AIRPORT PORTION (describe): _____

NAME OF AIRPORT: _____ City & State: _____ FAA ID: _____

If applicant is the general lessee or airport owner, are any ultralight, parachuting, agricultural or non-aviation activities allowed on the premises? YES NO

If "YES", please explain: _____

INSURANCE COVERAGE & LIMITS - indicate coverages and limits desired: Proposed Effective Date of Coverage: _____

THE TOTAL POLICY COVERAGE LIMIT FOR ANY ONE OCCURRENCE WILL BE EQUAL TO YOUR SELECTED PREMISES OCCURRENCE LIMIT					
<input type="checkbox"/> PREMISES (AIRPORT OPERATIONS)	\$	EACH OCCURRENCE	<input type="checkbox"/> MEDICAL PAYMENTS	\$	EACH PERSON
				\$	EACH OCCURRENCE
				\$	ANNUAL AGGREGATE
<input type="checkbox"/> PRODUCTS AND COMPLETED OPERATIONS:	\$	EACH PERSON	<input type="checkbox"/> PERSONAL INJURY LIABILITY	\$	EACH OCCURRENCE
	\$	EACH OCCURRENCE		\$	ANNUAL AGGREGATE
	\$	ANNUAL AGGREGATE	<input type="checkbox"/> ADVERTISING INJURY	\$	EACH OCCURRENCE
<input type="checkbox"/> FIRE LEGAL LIABILITY	\$	EACH OCCURRENCE		\$	ANNUAL AGGREGATE
<input type="checkbox"/> HANGARKEEPER'S LIABILITY	\$	EACH AIRCRAFT	<input type="checkbox"/> CONTRACTUAL LIABILITY	\$	EACH OCCURRENCE
\$ Deductible.	\$	EACH OCCURRENCE	<input type="checkbox"/> OTHER:	\$	EACH OCCURRENCE
<input type="checkbox"/> INDEPENDENT CONTRACTORS	\$	EACH OCCURRENCE			

OPERATIONS OF APPLICANT - indicate ALL operations and estimated annual gross receipts (Use additional sheets if necessary):

<input type="checkbox"/> AIRCRAFT PAINTING	\$	<input type="checkbox"/> SALE OF NEW AIRCRAFT	\$
<input type="checkbox"/> FUEL AND LUBRICANTS	\$	<input type="checkbox"/> SALE OF USED AIRCRAFT	\$
<input type="checkbox"/> AIRCRAFT REPAIRS & SERVICES	\$	<input type="checkbox"/> PARTS NOT INSTALLED	\$
<input type="checkbox"/> HELICOPTER REPAIRS & SERVICES	\$	<input type="checkbox"/> FOOD / VENDING	\$
<input type="checkbox"/> ENGINE OVERHAULS	\$	<input type="checkbox"/> OTHER:	\$
<input type="checkbox"/> PROPELLER REPAIR / OVERHAUL	\$	<input type="checkbox"/> OTHER:	\$

APPLICANT'S VEHICLES, ELEVATORS & AIRCRAFT (Indicate the number and type of vehicles maintained for use EXCLUSIVELY on the airport):

FUEL TRUCKS: _____ MOWERS: _____ SNOW REMOVAL: _____ FIRE ENGINES: _____ AIRCRAFT TUGS: _____
 MOBILE EQUIP: _____ SWEEPERS: _____ PASSENGER CARS: _____ PICKUP TRUCKS: _____ OTHER: _____

NUMBER OF ELEVATORS: _____ NUMBER OF ESCALATORS: _____ MOVING SIDEWALKS: _____

NUMBER OF AIRCRAFT OWNED OR OPERATED BY APPLICANT - FIXED-WING: _____ HELICOPTERS: _____

CONTRACTUAL LIABILITY

Has applicant entered into any written agreements assuming the liability of others, such as under a lease of premises, fuel supplier contract, or equipment lease?

YES NO If 'YES', please attach copies of all such agreements.

Does Applicant use uniform customer contracts for hangaring, service, etc.? YES NO If 'YES', please attach copies of all such agreements.

INDEPENDENT CONTRACTORS

Show estimated cost by type of construction expected during the next 12 months, if any:

RUNWAYS & TAXIWAYS \$ _____ ALL OTHERS (Describe): _____ \$ _____

*** State of 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 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."

**** State of 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 IN THE THIRD DEGREE."

**** State of Kentucky ***

"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."

**** State of Louisiana ***

WARNING: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE 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."

**** State of Maine ***

"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."

**** State of Minnesota ***

"A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**** State of New Jersey ***

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL OR CIVIL PENALTIES."

**** State of New Mexico ***

"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"

**** State of New York ***

"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 VIOLATION."

**** State of Ohio****

"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."

**** State of 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."

**** State of Oregon ***

"ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW."

**** State of Pennsylvania ***

"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."

**** State of Tennessee ***

"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."

**** State of Virginia ***

"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."

I/we understand that no insurance is in force unless and until the insurance company through its aviation manager binds insurance coverage, or issues a policy. I/we authorize the insurance company through its aviation manager to investigate the qualifications or statements contained in this document.

Signature of Applicant or Executive: _____ Title: _____ Date: _____