



SilverStone Group Fixed Base Operators Insurance Application

Check which is desired: A quotation Insurance

Name of Applicant _____

Address _____

Applicant is Individual Corporation Partnership Other _____

Whose business is _____

Insurance is requested from 20 to 20

Name of Airport _____ Identifier _____ Located _____ miles _____ of _____

Applicant's Occupancy Entire Part

Applicant is Tenant General Lessee Airport Owner **Present insurance expires** _____

Business Owner's Name _____ Full-time business? No Yes

Operations of Applicant – indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$ _____	Aircraft Repairs	\$ _____	Auto Parking	\$ _____
Tie down & Hangaring	\$ _____	Avionics Repairs	\$ _____	Agricultural Ops	\$ _____
Landing Fees	\$ _____	Aircraft Charter	\$ _____	Homebuilt/Exp. Repairs	\$ _____
New Aircraft	\$ _____	Rental & Instruction	\$ _____	Other: _____	\$ _____
Used Aircraft	\$ _____	Helicopter Repairs	\$ _____	_____	\$ _____
Aircraft Parts	New \$ _____	Food & Beverages	\$ _____	_____	\$ _____
	Used \$ _____	Pilot Supplies	\$ _____	_____	\$ _____
				Total	\$ _____

(Use separate sheet if necessary)

Are any aircraft (other than single engine or piston multi-engine) maintained, serviced or repaired by applicant?
 No Yes (if Yes, specify number and type) _____

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service or inspection of aircraft under your supervision? No Yes

Highest value of aircraft maintained, serviced or repaired by applicant: _____

Does applicant perform any:

Engine Overhauls	<input type="checkbox"/> No <input type="checkbox"/> Yes	Propeller overhauls	<input type="checkbox"/> No <input type="checkbox"/> Yes
Major airframe structural repairs	<input type="checkbox"/> No <input type="checkbox"/> Yes	Aircraft painting	<input type="checkbox"/> No <input type="checkbox"/> Yes

Limits of Liability – check box for coverages desired Premises Products Completed Operations

Liability coverage State Limits of Liability Desired	Premises		Completed Operations & Products		Ground Hangarkeepers Liability
	Each Person	Each Occurrence	Each Person	Each Occurrence	Each Aircraft
Bodily Injury Liability					

Property Damage Liability	XXXX		XXXX		Each Loss
Bodily Injury and Property Damage					<input type="checkbox"/> Incl Taxi <input type="checkbox"/> Excl Taxi Deductible \$ Piston A/C \$ Turbine A/C Each Loss, Each Aircraft

Tie down & Hanging by applicant – Are aircraft of others taxied, towed or moved by applicant? No Yes

Who provides tie down ropes/chains, etc? _____

Number of: Tie down spaces _____ T-hangars _____ Multiple-aircraft hangars _____
Number of aircraft: Tied down _____ In T-hangars _____ In multiple-aircraft hangars _____
Highest value a/c: Tied down \$ _____ In T-hangars \$ _____ In multiple-aircraft hangars \$ _____
Total value all a/c: Tied down \$ _____ In T-hangars \$ _____ In multiple-aircraft hangars \$ _____
Number of: Ultra-light a/c _____ Helicopters _____

Applicant's Vehicles, Elevators and Aircraft

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:

Fuel Trucks _____ Snow Removal _____ Fire Engines _____ Tugs _____
Mowers _____ Pickup Trucks _____ Passenger Cars _____ Other _____

State number of: Elevators _____ Escalators _____ Moving sidewalks _____

State number of Aircraft owned or operated by applicant _____ Number of helicopters _____

Contracts

Has the applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? No Yes

Does applicant use contracts for hangaring, tie down service, etc.? No Yes

Construction by Independent Contractors – Show estimated cost by type of construction

Runways and Taxiways \$ _____ next year \$ _____ next three years
All others (describe) _____ \$ _____ next year \$ _____ next three years

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? No Yes By: Tower Unicom Operated by _____

Is there an airport manager? No Yes Employed by _____

Is manager on premises during hours of operation? No Yes Hours of operation: _____ to _____

Fire station located at airport? No Yes If No, how many miles is it from airport? _____

Is airport fenced? No Yes Who maintains the airport? _____

Does the applicant own, operate or maintain any navigational aids? No Yes (describe) _____

If applicant is Owner or General Lessee, complete the following:
 Airport Manager is Employee of applicant Independent Contractor (furnish copy of contract)

Any Recreational or other Non-Aviation facilities or Use of Airport premises? No Yes (describe) _____

List Airlines and scheduled Air Taxes that will serve this airport during the next three years:

Total Estimated Arrivals and Departures	Present Year	Next Year (est.)	Following Year (est.)
Revenue Passengers			
Airline Aircraft			
General Aviation Aircraft			
Military Aircraft			

Fueling – On premises No Yes Done by applicant No Yes

Fueling is by: Truck Hydrant Gas pump Gas pit Self-Serve Pump Facilities Other _____

If Self-Serve Pump Facility:
 Who is responsible for fuel and equipment maintenance? _____
 Who receives profit from sales? _____

* Provide copy of contracts

Annual Gallonage: Airline _____ gallons General Aviation _____ gallons Military _____ gallons

Type of fuel sold: AVGAS Jet Fuel Auto Fuel

Fuel Storage Facilities: Underground _____ gallons Above ground _____ gallons

Annual Gallonage of Turbine Engine Fuel: _____ gallons

Does applicant refuel/defuel any scheduled airlines? No Yes

If yes, describe type aircraft and number fueled per day _____

Loss History and Previous Aviation Insurance – Explain each “Yes” answer

Has applicant had any aircraft/aviation losses, claims or incidents during the last five years? No Yes
 (Explanation should include description of loss, loss & expense reserves, loss payments and total incurred)
 Explain _____

Has any insurer cancelled, declined or refused to renew any airport/aviation insurance No Yes
 Explain _____

Name of Last or Present Aircraft Insurance Company _____

How many years in business under same management? _____

If less than 5 years, give description of owner's/manager's experience _____

All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR, CO, DC, FL, HI, KY, ME, MD, MJ, NY, OH, OK, PA, VT)

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.

Arkansas – 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.

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.

District of Columbia – 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 – 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.

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.

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.

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.

Maryland – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma – 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 – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont – 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Applicant's signature _____ Date _____
All owners must sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer _____

Address _____

City _____

State _____

Phone No. _____