

Johnson Insurance Services, LLC

525 Junction Road
Madison, WI 53717
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AIRPORT INSURANCE APPLICATION

Name of Applicant: _____

Address: _____

Airport Owner (If other than Applicant): _____

AIRPORT INFORMATION

Is a Manager on premises 24 hours a day? Yes No
 If no, when? _____
 Is Airport Manager an employee of the Named Insured? Yes No
 If no, of whom and supply a copy of the contract: _____
 Does the Airport Manager carry out business at the Airport, aside from his/her duties as the Airport Manager? Yes No
 If yes, describe _____
 How much insurance do they carry? _____
 When does their coverage expire? _____
 Do they hold you harmless? Yes No
 Does their insurance Policy include you as an Additional Insured? Yes No
 Does the contract between you and the Airport Manager specifically outline (a) his/her duties as Manager and (b) insurance requirements?
 Yes No
 Are there any Non-Aviation activities at the Airport? Yes No
 If yes, describe _____

AIRPORT DESCRIPTION: Provide information concerning airport premises

Airport Name: _____ ICAO Identifier _____
 FAA Designation: Large Hub Medium Hub Small Hub Non-Hub Other: _____

Runways:	HEADING	LENGTH	WIDTH	SURFACE TYPE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Runways lighted? Yes No Number of navigation aids owned/operated by Applicant - ILS: Localizer: NDB:
 Is airport fenced? Yes No Airport has _____ miles of roadways on its premises.
 Air traffic is controlled by FAA Non Federal (operated by _____) Not Controlled
 What is the largest aircraft using the airport? _____ Operated by _____
 List air carriers providing scheduled passenger service into the airport: _____
 List number and capacity of fuel storage tanks: Above Ground _____ capacity _____ Underground _____ capacity _____
 Passenger terminal facilities: _____ square feet All other buildings occupied by Applicant _____ square feet
 Number of Elevators _____ Escalators _____ Moving Sidewalks _____ Automatic Doors _____
 Public parking lots operated by Applicant - Total Spaces _____ Public parking lots contracted to others - Total Spaces _____

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ENPLANEMENTS AND AIRCRAFT OPERATIONS: Indicate number of enplaned passengers and aircraft operations

	Previous Year	Current Year	Next Year
Airline Passenger Enplanements:	_____	_____	_____
Aircraft Operations:			
Airline	_____	_____	_____
General Aviation	_____	_____	_____
All Others	_____	_____	_____

APPLICANT'S VEHICLES: Identify the number of vehicles owned by, operated by, or leased to Applicant

Snow removal equipment: _____	Fuel trucks: _____	Sweepers: _____	Tugs: _____
Crash-fire-rescue vehicles: _____	Hydrant Carts: _____	Passenger Cars: _____	Pickup Trucks: _____
Passenger buses over 30 seats*: _____	Passenger buses 30 seats and under*: _____	Other: _____	
*Includes Automated Transportation Systems			

CONSTRUCTION and STRUCTURAL ALTERATIONS: List of cost of construction to be performed during policy period

By Independent Contractors	Air Side: _____	All Other: _____	
By Applicant	Air Side: _____	All Other: _____	
Has Applicant arranged an Owner Controlled Insurance Program for this construction?			___ Yes ___ No
If yes, what Limit is Provided:			\$ _____
If no, what minimum Independent Contractors Liability Limit does Applicant Require?			\$ _____
Is Applicant included as additional insured on contractor's insurance?			___ Yes ___ No

CONTRACTS: Provide information regarding written agreements into which Applicant has entered with third parties

Has Applicant entered written agreements in which Applicant has agreed to assume the liability of others?	___ Yes ___ No
Does Applicant have contracts for janitorial service, maintenance of elevators, escalators, parking lots, etc.?	___ Yes ___ No
Does Applicant use uniform customer contracts for tenants, suppliers, etc.?	___ Yes ___ No
If "Yes" to any of the above, please attach copies of these contracts	

OPERATIONS of APPLICANT: Indicate all operations performed by Applicant

Aircraft Maintenance	___ No ___ Yes	Gross Receipts: \$ _____
Aircraft Hangaring or Towing Services	___ No ___ Yes	Gross Receipts: \$ _____
Aircraft Control Tower (Ground or Flight) Operations	___ No ___ Yes	Gross Receipts: \$ _____
Airline Ground Support	___ No ___ Yes	Gross Receipts: \$ _____
Passenger Security Screening	___ No ___ Yes	Gross Receipts: \$ _____
Rental of Aircraft Tiedowns and Hangar Spaces	___ No ___ Yes	Gross Receipts: \$ _____
Restaurant(s)	___ No ___ Yes	Gross Receipts: \$ _____
If yes, provide details: _____		

FUELING:

Done on Premises? ___ Yes ___ No	Done by Applicant? ___ Yes ___ No
Fueling is by: ___ Truck ___ Hydrant	___ Gas Pump ___ Gas Pit ___ Other: _____
Fuel Storage Facilities: Underground: _____ Gallons	Above Ground: _____ Gallons
Type of Fuel Sold: ___ AV Gas ___ Jet Fuel	___ Aircraft Auto Gas
Annual Gallonage of Turbine Engine Fuel: _____ gallons	
Does Applicant refuel/defuel any scheduled Airnies?	___ Yes ___ No
If yes, describe type Aircraft and numbe fueled per day _____	
Self-Serve Fuel: Does Applicant provide Self-Serve Fuel on Premises? ___ Yes ___ No	
If yes, who is responsible for Fuel & Equipment maintenance of tanks? _____	
who receives the profit from the sale of the fuel? _____	

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NON-OWNED AIRCRAFT: Provide information regarding non-owned aircraft operated by or on behalf of Applicant

Does Airport use non-owned aircraft on airport's business?	___ Yes ___ No	
If yes, do employees pilot aircraft on airport business?	___ Yes ___ No	
Describe types of aircraft flown on airport business: _____		
	By Employees	By Others
Number of hours flown annually in all non-owned aircraft on Applicant's business:	_____	_____
Number of hours flown in chartered aircraft:	_____	_____
Number of hours flown in rented/leased aircraft:	_____	_____
Number of hours flown in borrowed aircraft:	_____	_____
NOTE: Provide current pilot experience forms for each employee pilot		

LOSS HISTORY and PREVIOUS AVIATION INSURANCE: Provide information as requested

Has any applicant had any airport or aviation losses or claims during the last five years?	___ Yes ___ No	
Has any insurer cancelled, declined, or refused to renew any aviation insurance:	___ Yes ___ No	
Name of last or current Airport/Aviation insurance company: _____		Expiration Date: _____
If "Yes" to any of the above, please explain		
Include description of each loss, including type and amount, whether covered by insurance or not.		

LIABILITY COVERAGE: State Limits of Liability desired

Coverage	Per Occurrence	Annual Aggregate
Premises and Operations	\$	X X X X X X X
Products/Completed Operations	\$	\$
Hangarkeeper's Legal Liability	\$	\$
Contractual Liability	\$	\$
Independent Contractor's Liability	\$	\$
Personal Injury Liability	\$	\$
Liquor Liability (Host)	\$	\$
Non-Owned Aircraft Hazard	\$	\$
Other (Please specify): _____	\$	\$
Current Deductible	\$	\$
Alternate Deductible Requested	\$	\$

I / We authorize Johnson Insurance Services, LLC and the following agent/broker to represent me/us in the placing of this insurance	
(State agent/broker's name and address): _____	
I / We agree that the Insurer may rely on all information provided in this application, and that the same is material and true and complete to the best of my/our knowledge, and that no information has been withheld or suppressed. I/we agree that this application and the terms and conditions of the policy in sue by the Insurer shall be the basis of any contract between me/us and the Insurer. I/we understand that no insurance is in force unless and until the insurance company or its authorized agent effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered and accepted by the insurance company or its authorized agent, the full amount of premiums becomes immediately due and payable. I/we authorize the insurance company or its authorized agent to investigate any or all qualifications or statements contained herein.	
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.	
Date: _____	Authorized Applicant Signature: _____
	Title: _____