

Johnson Insurance Services, LLC

525 Junction Road
Madison, WI 53717
800-477-4359 Phone
877-254-8586 Fax



JOHNSON
AVIATION INSURANCE®

**AIRPORT INSURANCE APPLICATION
Fixed Base Operations**

Check which is desired: Quotation Insurance

I. GENERAL INFORMATION

Applicant: _____
Address: _____
Applicant is: Individual Corporation Partnership Other _____
Description of Operations: _____
Insurance is requested from _____, 20____ to _____, 20____
Name of Airport _____ Located _____ miles _____ of _____
Does Applicant occupy the entire airport? Yes No If No, what portion is occupied by Applicant? _____

II. OPERATIONS OF APPLICANT: Identify all operations performed and their estimated gross receipts for next 12 months.

<input type="checkbox"/> Aircraft Repair Service	\$ _____	<input type="checkbox"/> Propeller Repair/Overhaul	\$ _____
<input type="checkbox"/> Fuel & Lubricants	\$ _____	<input type="checkbox"/> Aircraft Charter	\$ _____
<input type="checkbox"/> Engine Overhaul	\$ _____	<input type="checkbox"/> Rental & Instruction	\$ _____
<input type="checkbox"/> New Aircraft	\$ _____	<input type="checkbox"/> Helicopter Repair/Service	\$ _____
<input type="checkbox"/> Used Aircraft	\$ _____	<input type="checkbox"/> Auto Parking	\$ _____
<input type="checkbox"/> Aircraft Parts (not install)	\$ _____	<input type="checkbox"/> Aircraft Painting	\$ _____
<input type="checkbox"/> Tiedowns & Hangaring	\$ _____	<input type="checkbox"/> Restaurant	\$ _____
	\$ _____		
List all other sources and receipts - use separate sheet if necessary.		TOTAL	\$ _____

III. LIMITS OF LIABILITY: Check coverage desired Premises Products/Completed Operations

Liability Coverage - State limits of liability desired	Each Person	Each Occurrence
Bodily Injury Liability	\$ _____	\$ _____
Property Damage Liability	XXXXXXXXXX	\$ _____
Single Limit Bodily Injury and Property Damage	XXXXXXXXXX	\$ _____
Group Hangarkeepers Liability - Deductible _____	\$ _____	\$ _____

IV. FUELING:

On premises Yes No Done by Applicant Yes No Fueling by truck hydrant gas pump gas pit
Annual gallonage: Airline _____ gals; General Aviation _____ gals; Military _____ gals.
Type of fuel sold: Avgas Jet Fuel Auto Gas
Fuel storage facilities: Underground _____ gals; Above ground _____ gals.
Annual Gallonage of Turbine Engine Fuel: _____ gals.
Are static lines attached during all refueling operations? _____ Are UL approved fire extinguishers carried? _____

V. TIE DOWN & HANGARING BY APPLICANT: Are aircraft of others taxed, towed or moved by Applicant? Yes No

Are any aircraft tied-out? Yes No Type of tie-down facility: _____
Average number of aircraft tied-out: _____ Description of Storage Hangars: _____
Average value of any one aircraft in custody of Applicant: \$ _____ Average value of all aircraft: \$ _____
Maximum value of any one aircraft: \$ _____ Max. value of all aircraft \$ _____

VI. CONTRACTS: Has Applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc? Yes No If Yes, attach copies.

VII. CONSTRUCTION BY INDEPENDENT CONTRACTORS: Show the estimated cost for all construction projects expected during the next 12 months. Runways & Taxiways (describe) _____ \$ _____
 All other projects (describe) _____ \$ _____

VIII. 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? Yes No
 Is aircraft traffic controlled? Yes No by: Tower Unicom: Operated by: _____
 Is there an airport manager? Yes No Employed by: _____
 Is airport manager on premises during hours of operation? Yes No Hours of Operation: _____ to _____
 Fire Station located at airport? Yes No If no, it is _____ miles from the airport.
 Is airport fenced? Yes No Who maintains the airport? _____
 Is Applicant Owner or General Lessee? If so, complete the following and enclose a map of FAA Form 29-A.
 If Applicant is Owner or General Lessee, are any ULTRALIGHT, PARACHUTING or AGRICULTURAL activities conducted on premises? Yes No If Yes, explain: _____

Airport manager is: Employee of Applicant Independent Contractor - furnish copy of contract
 Are there any recreational facilities or other non-aviation use of airport premises? Yes No Describe: _____

List airlines and scheduled air taxis that will serve this airport during the next three years: _____

Total Estimated Arrivals & Departures	Present Year	Next Year (Est.)	Following Year (Est.)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

IX. APPLICANT'S VEHICLES, ELEVATORS AND AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:
 Fuel Trucks _____ Sweepers _____ Snow Removal _____ Fire Engines _____ Tugs _____
 Hydrant Carts _____ Pick-up Trucks _____ Passenger Cars _____ Other _____
 State the number of: Elevators _____ Escalators _____ Moving Sidewalks _____
 How many aircraft are owned or operated by Applicant: Fixed Wing _____ Helicopters _____

X. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE: Explain each "Yes" answer.

Has Applicant had any airport / aviation losses or claims during the last five years? Yes No _____

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

Name of last or present airport / aviation insurance company _____

I / we, the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my / our knowledge and belief, and that no material information has been withheld or suppressed and I / we agree that this application shall be a basis of my acceptance by the insurance company.

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 and subjects such person to criminal and civil penalties.

Applicant Signature _____ Date _____

Printed Name _____ Title _____

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.

**STATE FRAUD WARNINGS
PLEASE READ CAREFULLY**

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for 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 CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, SEC. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

NOTICE TO D.C. 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 insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

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.

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 purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: 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.

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 MEXICO 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 civil fines and criminal 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 be also 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.

NOTICE TO OREGON APPLICANTS: 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.

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 RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE 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 TEXAS APPLICANTS: 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.

NOTICE TO VIRGINIA 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 WEST VIRGINIA APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.