

AEROGUARD®

Application/Proposal for Airport Operations Insurance

Thank you for your recent request for airport operations insurance information. This package is also provided to obtain renewal information to refresh our file.

Underwriting airport operations is a complex process. In order to provide you with the insurance you require at a price you can afford we must obtain as much information as possible to evaluate your submission.

This package includes all of the paperwork necessary to insure one airplane or a fleet.

Please review the attachments and submit at a minimum the following:

1. Application/Proposal for Airport Operations Insurance (7 pages)
2. Resume of Aviation Experience (2 pages required per pilot *if you fly client aircraft.*) If not, no Pilot Resumes are required.

Take your time, complete ALL of the spaces and sign your submission where we ask for a signature.

Submitting and signing the documents does not commit you to take coverage and we will not invoice unless you provide your written acceptance of our offer to insure you. Nor does the submission of your documents obligate us to provide a quotation or insure you.

Thanks again for your interest in our AEROGUARD® and OPERATE SAFELY.

Your CICL Flight Crew

Application/Proposal for Airport Operations Insurance (Page 1 of 8)

Insured Name			
Contact			
Address			
City / State / Zip			
Business / Occupation			
Effective Date	From:	To:	

Airport Information

Name and location of airport			
Airport Identifier ▶		Applicant occupies:	Portion () Entire Premises ()
Applicant's interest in premises occupied is:	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other- specify below:		
Who is responsible for operation of airport?			
Who controls aircraft traffic and how?			
1) What is runway surface? Paved	Number:	Length (feet):	Width (feet):
2) What is runway surface?	Number:	Length (feet):	Width (feet):
3) What is runway surface?	Number:	Length (feet):	Width (feet):
Is airport patrolled by police/security services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often?	

Fire Protection and security

What percentage of the airport perimeter is fenced? ▶▶▶▶▶▶▶▶	%	How much of airport perimeter is fenced?	Approx feet
Are there functional fire hydrants at the airport? () No (X) Yes ▶▶▶▶▶▶▶▶	Distance to hydrant	Distance of nearest fire department from airport is on site () or ▶▶▶▶▶▶▶▶	miles
Is there a dump or landfill on or adjacent to this airport?	<input type="checkbox"/> No <input type="checkbox"/> Yes ▶	Is it operational? () No () Yes	

Name all scheduled airlines that operate from this airport. If no scheduled service indicate NONE. ▶▶▶▶▶▶▶▶			
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Describe any contractual obligations affecting this insurance. (This would include fuelling contracts, sidetrack agreements, leases, etc. and attach copies of same). ▶▶▶▶▶▶▶▶			
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Describe any construction/alterations work including costs and contractor. ▶▶▶▶▶▶▶▶			
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Describe non-aviation activities (lodging, recreational, farming, etc.). ▶▶▶▶▶▶▶▶			
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Application/Proposal for Airport Operations Insurance (Page 2 of 8) PREMISES LIABILITY SECTION

P R E M I S E S S E C T I O N	Describe all buildings and open areas, showing use of each, occupied by the applicant.		
	Describe any premises leased to others.		
	Who is responsible for maintenance of occupied premises?		
	Total building area generally accessible to the public is ▶▶▶▶▶▶▶▶		.
	▼▼▼▼ Motorized vehicles/equipment NOT licensed for highway use but are used AIRSIDE ▼▼▼▼ We will require a list of units to bind coverage		
	# of Automobiles, trucks or vans		# of Rolling Stock Equipment unit (baggage carts, lavatory service, snow plows, generators, etc.)
	Pedestrian conveyors:	Passenger elevators - number of cars ▶▶▶▶▶▶▶▶	
		Escalators – number of levels ▶▶▶▶▶▶▶▶	
		Moving sidewalks – total length in feet ▶▶▶▶▶▶▶▶	
	Aircraft Operations – applicable when insuring entire airport (one landing is one operation; one take-off is one operation).		
General Aviation ▶	Total # annual operations:	Largest aircraft type:	
Commuter ▶	Total # annual operations:	Largest aircraft type:	
Airline ▶	Total # annual operations:	Largest aircraft type:	
Military ▶	Total # annual operations:	Largest aircraft type:	
Describe any seaplane base or heliport:			
Amount of Premises Liability Insurance Required (Section I)		\$	

REMARKS:

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PRODUCTS LIABILITY SECTION

P R O D U C T S S E C T I O N	Describe all maintenance or service specialties:			
	Describe type of repair or service for rotary wing aircraft			
	Describe fueling operation (Fueller truck, Fuel Island, etc.)			
	Who owns & maintains bulk fuel storage?			
	For each mechanic, list	Years Experience	Schools Attended	Ratings Held
		1.		
		2.		
		3.		
	Describe type of repair or service for airlines; name airline and total receipts from each If None write NONE ▶▶			
	Show the gross annual sales for each product category			
	Sale of petroleum products:	Non-airline \$:	Airline \$:	
	Sale of petroleum products:	Non-airline gallons:	Airline gallons:	
	Sale of new aircraft:	Fixed Wing \$:	Rotary Wing \$:	
	Sale of used aircraft:	Fixed Wing \$:	Rotary Wing \$:	
	Sale of parts & accessories:	Fixed Wing \$:	Rotary Wing \$:	
Aircraft servicing and repair:	Fixed Wing \$:	Rotary Wing \$:		
Sale of food and beverages:	Type:	\$:		
Amount of Products Liability Insurance Required (Section II)		\$		
REMARKS:				

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H A N G A R K E E P E R S S E C T I O N	List each building and parking area where aircraft owned by others are stored	Storage location	Maximum value of location
		1.	\$
		2.	\$
		3.	\$
	Describe tie-down system (anchors, ropes, chains, etc.):		
	Describe any off-premises storage:		
	IMPORTANT INSTRUCTION ►► Provide a copy of any aircraft storage contract		
	Describe precautions taken to prevent fire, theft or windstorm damage:		
	VALUES TO BE INSURED		
	Value of aircraft owned by others in care of applicant for storage, repair or safekeeping ► \$		
▼ Maximum value any one aircraft ▼ \$	▼ Average value any one aircraft ▼ \$		
▼ Highest value of all aircraft in one storage area ▼ \$	▼ Total value of aircraft in all storage areas ▼ \$		
▼ Total number of aircraft tied down ▼ \$	▼ Total value ▼ \$		
Amount of Hangarkeepers Liability Insurance Required (Section III)			
\$	each aircraft	\$	each occurrence
REMARKS:			

I N F L I G H T	Describe circumstances when aircraft owned by others are flown by the applicant			
	Describe type of aircraft owned by others usually flown:			
	Estimated annual flight hours in aircraft owned by others is:	hours	Describe minimum pilot qualifications for flying these aircraft:	
	Maximum value any one aircraft \$	Average value any one aircraft \$		
	Amount of Liability Insurance Required (Section IIIA)			
	\$	each aircraft	\$	each occurrence
REMARKS:				

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PRIOR LOSSES, CLAIMS, INCIDENT and OTHER HISTORY **READ CAREFULLY AND ANSWER COMPLETELY**

1) Has any damage been sustained to, or claims by others arising out of the operation, servicing or repair of, any aircraft owned or in the care, custody or control of any applicant, assured, employee, director, officer, shareholder, partner, operator, manager, administrator or any of the pilots named on the attached Pilot Resumes **(insured or not)**?

NO () YES () If yes, ▼explain ▼

2) Has any applicant, assured, employee, director, officer, shareholder, partner, operator, manager, administrator or any of the pilots named on the attached Pilot Resumes been involved in any loss, claim, incident, accident, investigation, hearing, occurrence or similar situation in the last 10 years **(insured or not)**?

NO () YES () If yes, ▼explain below ▼

3) Describe all accidents, claims (insured or not) (premises, products, hangar keepers) reported within the last ten (10) years. If none, write **NONE**.

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IMPORTANT: All particulars herein are warranted true and complete to the best of my/our 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(s) shall be the basis of any contract between me/us and the Insurer(s). I hereby authorize this Company to investigate any/all qualifications or statements contained herein. I/we have received a copy of the policy document and its endorsements. The CLAIMS WARRANTY AND COVERAGE STATEMENT forms part of my submission. I understand, acknowledge and agree flights conducted under Special Permit or Waiver from the FAA, CAA or other competent authority are not covered.

I/we warrant I/we will during the period of this insurance and/or its renewal

1. advise Underwriters and obtain written approval of any material change in risk including service contractors and sub-contractors
2. obtain valid Certificates of Insurance naming us as Additional Insureds during the period of this insurance
3. interview and obtain extensive background investigations for all employees and authorized pilots and provide same to Underwriters
4. provide a safe working environment for employees, service contractors and sub-contractors
5. provide operational fully charged and currently inspected fire extinguishers at least 10# in weight, a minimum of one (1) for every 200 square feet of service area, such extinguishers to be properly wall mounted, visible and accessible
6. provide operational fully charged and currently inspected fire extinguishers at least 10# in weight, a minimum of one (1) for every aircraft and no further than twenty (20) feet from the aircraft undergoing service in any service area including out of doors, such extinguishers to be visible and accessible
7. provide training in the use of said fire extinguishers
8. provide written safe operations guidelines and procedures to all line personnel, mechanics, repairers and service personnel
9. follow safe and customary fuelling safety guidelines including the grounding of all aircraft prior to the start of any fuelling operation
10. ensure self-fuelling islands are properly equipped with operational fully charged and currently inspected fire extinguishers at least 10# in weight, clear equipment operating instructions, operational, undamaged and safe ladders, grounding apparatus and approved fuel and oil disposal containers

Applicant's Signature ▶	X
Print your name ▶	Date signed ▶

Signing this application does not bind the applicant or the company to complete the insurance, but the applicant agrees that the above information shall be the basis of any policy or policies which may be issued.

As a normal part of our underwriting procedure, a routine inquiry may be made which will include information concerning character, general reputation, personal characteristics and mode of living.

If such a report is made, upon your written request within a reasonable time after you receive this notice, additional information as to the nature and scope of the inquiry will be provided.

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless and until the Company agrees to effect this insurance. No coverage is in force until confirmed in writing by our office.

PILOT INFORMATION: ANY PILOT OPERATING CLIENT AIRCRAFT IN FLIGHT MUST BE SPECIFICALLY APPROVED BY UNDERWRITERS.

EACH PILOT MUST complete a Pilot Resume of Experience for each pilot to be insured under this policy.

Unscheduled Pilots are not authorized or covered under the policy.

Make copies of the Resume of Experience form before completing.

Application/Proposal Package for Airport Operations Insurance