

Application/Proposal for Airport Minor Airside Operations Insurance
To be used only for Fuelling operations, Baggage handlers, Aircraft Ramp Service, Taxi/Limousine Service, Freight Forwarders/Handlers and similar light airside operators.
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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:	() Owner () Lessee () Other- specify below:		
Who is responsible for operation of airport?			
Who controls aircraft traffic and how?			
1) What is runway surface?	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?	() Yes () No	How often?	

Fire Protection and security

What percentage of the airport perimeter is fenced?	▶▶▶▶▶▶▶▶▶▶	%
Is entry to airside controlled by a full time guard, barrier or gate or by a electronic entry control system?	() No () Yes	

If NO, describe how entry to airside is accomplished. ▼▼▼▼▼▼▼▼

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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PREMISES LIABILITY SECTION

P R E M I S E S S E C T I O N	Describe all owned or occupied buildings and open areas, showing use of each, occupied by the applicant.			
	Who is responsible for maintenance of occupied premises?			
	# of Automobiles, trucks or vans		# of Rolling Stock Equipment unit (baggage carts, lavatory service, snow plows, generators, etc.)	
	▼▼▼▼ List ALL Motorized vehicles/equipment used AIRSIDE ▼▼▼▼			
	Provide Vehicle year, Make, Model and Licence Plate Number For vehicles operated on Public Roads provide a copy of your vehicle insurance and vehicle registration			Colour of Vehicle
	Vehicles and rolling stock not listed is not covered			
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 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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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, or administrator **(insured or not)**?

NO () YES () If yes, ▼ explain ▼

2) Has any applicant, assured, employee, director, officer, shareholder, partner, operator, manager or administrator 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, airside operations) 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. interview and obtain extensive background investigations for all employees and provide same to Underwriters
3. provide a safe working environment for employees, service contractors and sub-contractors
4. provide operational fully charged and currently inspected fire extinguishers at least 5# 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
5. 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
6. provide training in the use of said fire extinguishers
7. provide written safe operations guidelines and procedures to all line personnel, mechanics, repairers and service personnel
8. follow safe and customary fuelling safety guidelines including the grounding of all aircraft prior to the start of any fuelling operation
9. ensure self-fuelling islands are properly equipped with operational fully charged and currently inspected fire extinguishers at least 5# 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.

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CLAIMS WARRANTY AND COVERAGE STATEMENT

Coverage provided under the Policy/Certificate/Cover Note is contingent on the following warranties, requirements and acknowledgements as evidenced by the Applicant's signature.

WARRANTY STATEMENT

The "Applicant" is the party to be named as the "Insured/Assured" in any insuring contract if issued. By signing this document and the Application/Proposal, the Applicant for insurance hereby represents and warrants the information provided in the Application, with all of the supplemental information, documentation and other relevant detail provided by the Applicant for submission to Underwriters is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application and is not misleading in any manner. The Applicant further warrants the Applicant understands and agrees the following:

1. the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's proposal for insurance and to quote and potentially bind, price and provide coverage
2. the Application and all of the supplemental information, documentation and other relevant detail provided by the Applicant are warranties that will form part of any coverage or insurance policy to be issued
3. the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind or provide insurance coverage
4. if the Applicant provides any false, misleading, inaccurate or incomplete information any coverage provided is deemed null and void ab initio.

FUTURE CLAIM INCIDENT/REPORTING REQUIREMENT

It is an express condition precedent to coverage under this Policy, you must give us immediate written notice no later than fourteen (14) days after any incident, event, occurrence, loss or accident which might give rise to a claim under this policy. Written notice must be given to Commodore Insurance, POB 305498, PMB 270, St. Thomas, USVI 00803. Telephone 284-494-8925. Fax 661-420-8602.

ACKNOWLEDGEMENT OF RESTRICTIVE COVERAGES

This insurance coverage differs significantly from claims-made or occurrence type policies offered by other insurers. It is a manuscript policy with very strict requirements. The "application" or "proposal" and "warranty prior claims" documents are part of the Policy/Certificate/Cover Note and constitute warranties.

Coverage is provided only for otherwise covered Claims:

- 1) Which are first made by or against an Insured/Assured during the Policy Period, and
- 2) Which result from an Accident occurring during the Policy Period, and
- 3) For which written notice is given to Insurers/Underwriters during the Policy period.

In addition, coverage is strictly limited to those activities and operations and at those locations listed, described and defined in the Policy/Certificate/Cover Note. Various other provisions of this Policy/Certificate/Cover Note restrict and limit the coverage provided. Carefully read the Policy/Certificate/Cover Note and all endorsements carefully to determine your rights and duties and what is and what is not covered.

Claims Expenses reduce the available Limits of Liability/Coverage stated on the Declarations Page/Cover Note. In the event of any claim the total amount of any premium charged shall be 100% earned and not subject to short-rate or pro-rata adjustment.

All fees are fully earned at inception. No refund of any fees will be made regardless of whether this policy is cancelled by the covered party(ies) or the Insurer/Underwriter for any reason.

The Insurer has the right to charge a \$50 Service Fee for any endorsements made to the policy at the request of the Insured. There is a minimum fully earned charge of \$50 for each Additional Named Insured (ANI) no matter when added.

The Insurer has the right to collect additional premium equal to twenty-five (25%) percent of the total premium due for the Policy/Certificate/Cover Note if the covered party(ies) fail to comply with any premium audit request made by the Insurer/Underwriter at anytime.

The Applicant has been provided and hereby acknowledges receipt a copy of the policy and its applicable endorsements.

Applicant(s) sign here ► _____

Date _____

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JURISDICTION

Any disputes arising from any insurance contract issued are subject to the Laws of England and Wales and the jurisdiction of the Courts of the British Virgin Islands.

PREMIUM PAYMENT WARRANTY

If a premium is paid or payable in one or more installments as agreed it is the express provision of this policy all installments shall be paid to and received by the insurer not later than the due date in the amount agreed.

The due date for premiums being received by the insurer shall be not later than 7 days from the date cover begins and no later than a calendar month successively from the date cover commenced. The onus is on the Assured to ensure the correct premium is received by the Insurers on or before the due date.

Failure to pay the premium or initial installment when cover begins shall have the effect of immediate cancellation ab initio.

Failure to pay the installment(s) when due shall have the effect of immediate cancellation at 00:01 AM the day following the due date of the installment(s). Payments received after the due date shall not automatically reinstate coverage, and claims occurring after the due date and prior to the receipt of payment are not covered.

If payment of any installment, in whole or in part, for any reason, is not honoured by your bank, it shall have the effect of immediate cancellation at 00:01 AM the day following the due date of the installment(s).

If payment of your premium, in whole or in part, for any reason, is not honoured by your bank, you did not have nor do you have any coverage under this Policy.

TERRORISM

Losses or claims arising from or related to terrorism are not covered. All other terms and conditions of the policy/Certificate/Cover Note remain unchanged

Applicant(s) sign here ► _____

Date _____