



# TITAN

AEROSPACE  
INSURANCE

## Airport Liability Application

### General Information

Airport Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 FAA Identifier: \_\_\_\_\_ Towered: Yes No Towered: Full time Part-time  
 Applicant is: Individual Municipality Airport Authority Corporation  
 Located: \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_ (city)

### Airport Description

Elevation (ft.): \_\_\_\_\_ Number of Runways: \_\_\_\_\_ Longest Runway (ft): \_\_\_\_\_  
 Number of Aircraft based at airport Airline: \_\_\_\_\_ General Aviation: \_\_\_\_\_ Military: \_\_\_\_\_  
 Runway Construction: Concrete Blacktop Turf Other \_\_\_\_\_  
 Are Runways Lighted? Yes No Is Airspace Controlled? Yes No - by FAA Other \_\_\_\_\_  
 Airport Manager? Yes No Employed by: Applicant Independent Contractor  
 Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_ Manager on premises during hours of operation? Yes No  
 Is the Airport fenced? Yes No Who maintains the airport? \_\_\_\_\_  
 List any Airlines or Air Taxis that serve airport currently and next 3 years: \_\_\_\_\_

### Operations of Applicant

*Indicate all operations and estimated annual gross receipts.*

Fuel & Lubricants _____	New Aircraft _____	List all other sources of revenue below	
Tiedowns & Hangarings _____	Used Aircraft _____	_____	_____
Landing Fees _____	Aircraft Parts _____	_____	_____
Aircraft Maintenance _____	Aircraft Charter _____	_____	_____
Airshows _____	Restaurant _____	_____	_____
Rental & Instruction _____	Auto Parking _____	_____	_____

### Fueling

On-Premises: Yes No Done by Applicant Yes No  
 Dispensed by: Fuel Truck Gas Pump Hydrant Gas Pit Other \_\_\_\_\_  
 Type of Fuel Sold: AV Gas Jet Fuel Auto Gas/Diesel  
 Annual Gallonage: AV Gas \_\_\_\_\_ Jet Fuel \_\_\_\_\_ Auto/Diesel: \_\_\_\_\_  
 Fuel Storage Facilities: Underground: \_\_\_\_\_ gallons; Above Ground \_\_\_\_\_ gallons

**Tie Downs & Hangarings**

Are aircraft of others (3<sup>rd</sup> party) taxied, towed, or moved by applicant? Yes No  
Number of: Tie Down Spaces \_\_\_\_\_ T-Hangars \_\_\_\_\_ Multi-Aircraft Hangars \_\_\_\_\_  
Number of Aircraft: Tied Down \_\_\_\_\_ in T-Hangars \_\_\_\_\_ in Multi-Aircraft Hangars \_\_\_\_\_  
Highest Value a/c: Tied Down \_\_\_\_\_ in T-Hangars \_\_\_\_\_ in Multi-Aircraft Hangars \_\_\_\_\_  
Total Value all a/c: Tied Down \_\_\_\_\_ in T-Hangars \_\_\_\_\_ in Multi-Aircraft Hangars \_\_\_\_\_  
Number of Aircraft Movements: Previous Year: \_\_\_\_\_ Present Year: \_\_\_\_\_ Next Year (est.): \_\_\_\_\_

**Fixed Base Operators**

List names of all FBO's on airport premises

\_\_\_\_\_  
\_\_\_\_\_

**Non-Owned Aircraft Liability**

Piloted by Airport Employees Hours per year: \_\_\_\_\_ Aircraft Type: \_\_\_\_\_ Maximum Seating \_\_\_\_\_  
Piloted by Others Hours per year: \_\_\_\_\_ Aircraft Type: \_\_\_\_\_ Maximum Seating \_\_\_\_\_

*Airport's employee pilots must attach a pilot history form.*

**Airport Liability Limits Requested**

Premises Liability \_\_\_\_\_  
Products-Completed Operations Annual \_\_\_\_\_  
Aggregate Personal Injury & Advertising Injury \_\_\_\_\_  
Malpractice \_\_\_\_\_  
Fire Damage \_\_\_\_\_  
Medical Expense \_\_\_\_\_  
Hangarkeepers – Any One Occurrence \_\_\_\_\_  
– Any One Aircraft \_\_\_\_\_  
Non-Owned Aircraft Liability \_\_\_\_\_  
Excess Auto (optional coverage) \_\_\_\_\_  
Excess Employers Liability (optional coverage) \_\_\_\_\_

**Loss History**

Explain Each "Yes" Answer

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

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

Details:

Name of last/present airport/aviation insurance company: \_\_\_\_\_

Present Limit of Liability: \_\_\_\_\_ Present Deductible: \_\_\_\_\_

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 shall be the basis of any contract between me/us and the Insurer.

**Any person who knowingly and with intent to defraud an 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.**

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

Signature of Applicant or Representative: \_\_\_\_\_

Date Signed: \_\_\_\_\_