

SUMAssure Municipal Insurance Airport Liability Application



2019 - 2020 Airport Liability Application

| Name of Insured | Mailing Address | Premises 1 (address of airport) | Premises 2 | Premises 3 | Premises 4 | Premises 5 |
|-----------------|-----------------|------------------------------------|------------|------------|------------|------------|
| | | | | | | |

Re: Aviation GL Renewal

For your December 31, 2019 Airport Operators Liability Renewal, we ask that you please complete the application below (and additional pages as required) and return to our office via:

- Email your account manager

| | | | | |
|---|--|---------------------------------|---|--|
| 1 | Annual Aircraft Movements: | | 2018 (Actual) | 2019 (Estimated) |
| | Largest Aircraft that uses the airport on a regular basis: | | | |
| 2 | Annual Passenger Enplanements (Scheduled Traffic Only): | | 2018 (Actual) | 2019 (Estimated) |
| | | | | |
| 3 | Annual Gross Receipts – Aviation Operations | | 2018 (Actual) | 2019 (Estimated) |
| | | | | |
| 4 | Airport is Operated by: | | | |
| | <input type="checkbox"/> Owner | <input type="checkbox"/> Lessee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Other |
| | If other than the owner, please describe: _____ | | | |
| 5 | Aviation Fueling Operations | | | |
| | Does sale of aviation fuels or operation /ownership of aviation fuel trucks, tanks or hydrants systems occur at the airport? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Are Aviation Fueling operations performed by a third party or by airport staff? | | <input type="checkbox"/> Third Party | <input type="checkbox"/> Airport Staff |
| | If Fueling Operations are performed by a Third Party, does the Third Party carry their own Aviation GL insurance? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Estimated annual volume (litres) of fuel sold | | Avgas: | Jet Fuel: |

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| | | | |
|----------|--|------------------------------|-----------------------------|
| 6 | Hangaring of Aircraft | | |
| | Rental or Lease of Hangars or Tie Downs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If so, How many? | Hangars: | Tie Downs: |
| | Do you have Hangar Lease Agreements or Hold Harmless Agreements with your Tenants? If, yes provide a copy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|----------|--|---|--|
| 7 | Airport Description | | |
| | Elevation is: _____ ft. | Longest Runway is: _____ ft. | |
| | Runway Construction: | <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Turf <input type="checkbox"/> Blacktop <input type="checkbox"/> Other: _____ | |
| | Lighted: | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | Air Traffic is Controlled: | <input type="checkbox"/> yes <input type="checkbox"/> no By: <input type="checkbox"/> Tower <input type="checkbox"/> Unicom | |
| | Operated by: _____ | | |
| | Is there an airport manager: | <input type="checkbox"/> yes <input type="checkbox"/> no Employed by: _____ | |
| | Is manager on premises during hours of operations: | <input type="checkbox"/> yes <input type="checkbox"/> no Hours of operations: _____ to _____ | |
| | Fire station located at airport: | <input type="checkbox"/> yes <input type="checkbox"/> no It is _____ miles from the airport | |
| | Is airport fenced: | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| | Who maintains the airport: _____ | | |

| | | | |
|----------|---|--|---|
| 8 | Premises | | |
| | Rental or Lease to others of Land or Buildings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Describe: _____ | | |
| | Ownership and/or maintenance of nav aids, windshear detectors or aviation communications equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Vehicles used on airport Premises – number and type? | Total Number: | |
| | <input type="checkbox"/> Sweeper: | <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Fuel Truck |
| | <input type="checkbox"/> Maintenance Vehicles | <input type="checkbox"/> Grass Cutting | <input type="checkbox"/> Fire Engine |
| | | <input type="checkbox"/> Tractor | <input type="checkbox"/> Other (describe) |

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| 9 | During the next 12 Months will you be involved in? | | | If applicable, estimated costs of work performed by: | |
|----|---|------------------------------|-----------------------------|--|-----------------------------|
| | | | | Applicant: | Contractor: |
| | New Construction or Improvements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ | \$ |
| | Describe: _____ _____ _____ | | | | |
| 10 | Airshows | | | | |
| | Airshows, contests or exhibitions held at the airport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| | If yes, please describe, including dates: _____ _____ | | | | |
| 11 | Non-Owned Aviation Coverage? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, please describe usage or attach non-owned aircraft application _____ _____ | | | | |
| 12 | Loss Experience: List all Aviation related claims for the last five years. Attach separate sheet if necessary: _____ _____ _____ _____ | | | | |

I Declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of my contract between Aon Reed Stenhouse Inc and me. This Application does not commit Aon Reed Stenhouse to any liability nor make the Applicant liable for any premium unless and until Aon Reed Stenhouse agrees in writing that coverage has been bound.

Name (Print) Date (mm/dd/yyyy)

Signature