

**AVIATION GENERAL LIABILITY
INSURANCE APPLICATION**

Insurance Provided by
Member Companies of
SilverStone Group

AIRCRAFT OPERATORS: PLEASE COMPLETE SEPARATE AIRCRAFT INSURANCE APPLICATION

Applicant's Name: _____

Mailing Address: _____

Name of Airport: _____

Applicant is: Individual Partnership Joint Venture Corporation Other: _____

Type of Business is: FBO FAA Certified Repair Station Other: _____

Number of years in business: _____ Under this management: _____ At this location: _____

Number of employees: _____

Premises

List all buildings, hangars, ramps and all other premises to be insured:

Applicant occupies: All of premises Part of Premises

Applicant is Owner Tenant General Lessee of Premises

Who is responsible for maintenance of these premises?

Applicant Does Does Not have air shows, contents, or exhibitions on premises

List all autos and mobile equipment such as aircraft tugs or fuel trucks used solely on the airport premises:

Runways are: Paved Unpaved

Shortest runway is _____ feet. Approach obstructions? Yes No If yes, explain:

Products & Completed Operations (Products & Services)

Total Gross Receipts: \$ _____ for last 12 months \$ _____ estimated next 12 months

Describe products and services: _____

Types of aircraft worked on: _____

Applicant is a dealer or distributor for: _____

Professional training Courses attend by your employees: _____

Estimated Gross Receipts Next 12 Months for Repair of:

Airframe & components: \$ _____ Total _____ % Fixed Wing _____ % Rotorwing

Engines & components: \$ _____ Total _____ % Fixed Wing _____ % Rotorwing

_____ % Major Overhauls

_____ % "Hot Section" repairs

Avionics: \$ _____

Propellers: \$ _____

Rotorsystems: \$ _____

Estimated Gross Receipts Next 12 Months for:

Airframe painting: \$ _____

Sales of parts, not installed: New \$ _____ Used \$ _____

Sale of fuel and oil (excluding Pumping Fees): \$ _____ Pumping Fees: \$ _____

Does applicant fuel/defuel any airlines? Yes No If Yes, please describe:

Sale of aircraft: New \$ _____ Used \$ _____

Sale of food/beverages (including vending machines): \$ _____

Sale of other items and services: \$ _____ Describe: _____

Airline servicing (other than fuel): \$ _____ Describe: _____

Has applicant performed any engine or airframe modification work? Yes No If Yes, describe:

Has Applicant ever sold, serviced or repaired ultra-light or home-built aircraft? Yes No

If Yes, describe: _____

Hangerkeeper's Liability (Aircraft in Applicant's Care, Custody or Control)

Average value any one aircraft: \$ _____ Average Total all aircraft: \$ _____ Average Number _____

Maximum value any one aircraft: \$ _____ Maximum Total all aircraft: \$ _____ Average Number _____

Maximum value any one hangar: \$ _____ Describe hangars: _____

Tie downs: \$ _____ Number of tie Downs: _____

Gross Receipts for Next 12 Months Hangar Rental \$ _____

Tie downs \$ _____

Towing \$ _____

Does Applicant fly customer's aircraft? Yes No

List all purposes of use: _____

Largest type of aircraft flown: _____ Maximum value: \$ _____

Does applicant maintain separate Non-Owned Aircraft Liability insurance? Yes No

Construction, Demolition & Alterations

Projected contract costs for next 12 months:

By Applicant \$ _____ Describe: _____

By independent contractors: \$ _____ Describe: _____

Contractual Liability ("Hold Harmless" agreements/indemnification clauses)

Does Applicant assume liability of others? Yes No

Attach all contracts assuming liabilities of others All attached

Claims History & FAR Violations – List all Claims and FAR Violations for Past 5 Years

Date	Amount (including all expenses)	Cause/Violation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach separate sheet if needed to fully complete.

Coverages & Limits Requested

Policy period:

From _____ Until _____ both at 12:01 a.m. at the Applicant's address on the front page.

Coverages

Commercial General Liability Coverage

General Aggregate Limit (other than Products/Completed Operations) \$ _____

Products/Completed Operations Aggregate Limit \$ _____

Personal and Advertising Injury Aggregate Limit \$ _____

Each Occurrence Limit \$ _____

Fire Damage Limit (any one fire) \$ _____

Medical expense Limit (any one person) \$ _____

Hangerkeeper's Liability Coverage

• Each Aircraft Limit \$ _____

• Each Loss Limit \$ _____

• Deductible (each aircraft) \$ _____

Total Advance Premium \$ _____

Policy Deductible

Each occurrence \$ _____ Annual Aggregate \$ _____

Other coverages, restrictions, endorsements: _____

Current Insurance

Name of Insurance Company: _____ Expiration Date: _____

Coverages: _____

Limits: _____ Deductible: \$ _____ Premium: \$ _____

Applicant Signature

Today's Date