

Travers & Associates

SINCE 1950
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Commercial Insurance Application for Quotation

I. Applicant: _____
 Address: _____
 Phone#: _____ Email: _____
 Applicant is: Individual Corporation Partnership Government Entity
 Whose Business is: _____
 In Business Since: _____
 Insurance is requested from: _____ to _____
 Name of Airport: _____ Airport ID: _____ Located _____ miles of _____
 Applicant occupies what part of airport? Entire Portion (explain) _____

II. Operations of Applicant: Indicate all operations and estimated annual gross receipts:

<input type="checkbox"/> Aircraft Repair/Service	\$ _____	<input type="checkbox"/> Propeller Repair/Overhaul	\$ _____
<input type="checkbox"/> Fuel and Lubricants	\$ _____	<input type="checkbox"/> Aircraft Charter	\$ _____
<input type="checkbox"/> Engine Overhaul	\$ _____	<input type="checkbox"/> Rental & Instruction	\$ _____
<input type="checkbox"/> New Aircraft	\$ _____	<input type="checkbox"/> Helicopter Repair/Service	\$ _____
<input type="checkbox"/> Used Aircraft	\$ _____	<input type="checkbox"/> Auto Parking	\$ _____
<input type="checkbox"/> Aircraft Parts (not install)	\$ _____	<input type="checkbox"/> Aircraft Painting	\$ _____
<input type="checkbox"/> Tiedowns & Hangaring	\$ _____	<input type="checkbox"/> Restaurant	\$ _____

List all other sources and receipts- Use a separate sheet if necessary.
 _____ \$ _____

III. Limits of Liability:

Check box for coverage desired: Premises Products/Completed Operations

Liability Coverage: State Limits of Liability desired

	Each Person	Each Occurrence
Bodily Injury Liability	\$ _____	\$ _____
Property Damage Liability	\$XXXXXXXXXX	\$ _____
Single Limit Bodily Injury and Property Damage	\$XXXXXXXXXX	\$ _____
Ground Hangar Keepers Liability: Deductible \$ _____	\$ _____	\$ _____

IV. Fueling:

On premises: No Yes Done by Applicant: No Yes
 Fueling is by: Truck Hydrant Gas Pump Gas Pit
 Annual gallons: Airline _____ General Aviation _____ Military _____ Type of fuel sold: AVGAS Jet Fuel Auto Gas
 Fuel Storage facilities: Underground _____ gallons Above ground _____ gallons
 Annual Gallons of Turbine Engine Fuel: _____ gallons
 Are static lines attached during all refueling operations? No Yes Are U.L. approved fire extinguishers carried? No Yes

V. Tie Down & Hangaring by Applicant:

Are aircraft of others taxied, towed or moved by applicant: No Yes
 Are any aircraft tied out: No Yes Type of tie down facility: _____
 Average # of aircraft tied out: _____ Description of Storage Hangars _____
 Average value of any one aircraft in custody of applicant: _____ Maximum value of any one aircraft: _____
 Average value of all aircraft in custody of applicant: _____ Maximum value of all aircraft: _____

VI. Contracts:

Has applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc? No Yes (attach copies)

VII. Construction: by Independent Contractors-show estimated cost by type of construction expected during the next 12 months.
Runways & Taxiways: \$_____ All Other (describe): \$_____

VIII. Airport Description:

Elevation:_____ft. Longest runway:_____ft. Runway Construction: Concrete Turf Gravel Blacktop Other:_____
Number of Aircraft based at airport: Airline:_____ General Aviation:_____ Military:_____
Are Runways Lighted: No Yes Is aircraft traffic controlled: No Yes; By: Tower Unicom-Operated By:_____
Is there an airport manager: No Yes; Employed by:_____
Is manager on airport premises during hours of operation: No Yes; Hours of Operation:_____ to_____
Fire Station located at airport: No Yes; If is _____miles from the airport. Is the airport Fenced: No Yes
Who maintains the airport:_____

If the applicant is Owner or General Lessee—Complete the following and enclose a map or FAA Form 29-A

Airport Manager is: Employee of applicant Independent Contractor (furnish copy of contract)
Any recreational or other non-aviation facilities or use of airport premises: No Yes-Describe:_____

Are any Ultralight-Parachuting-Agriculture activities on premises? No Yes, If yes explain: _____

List Airlines and scheduled air taxis that will serve this airport during the next three years:_____

Table with 4 columns: Total Estimated Arrivals & Departures, Present Year, Next Year (Est), Following Year (Est). Rows include Revenue Passengers, Airline Aircraft, General Aviation Aircraft, and Military Aircraft.

IX. Applicants Vehicles-Elevators and Aircraft:

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:
Fuel Trucks____ Sweepers____ Snow Removal____ Fire Engines____ Tugs____ Hydrant Carts____ Pick-up Trucks____
Passenger Cars____ Other____.
State Number of elevators____ Escalators____ Moving Sidewalks____
State Number of aircraft owned or operated by applicant____, Number of helicopters_____

X. Loss History and Previous Aviation Insurance:

Has Applicant had any airport/aviation losses/claims during the last five years: No Yes_____

Has any insurer cancelled, declined or refused to renew any airport/aviation insurance: No Yes_____

Name of last or present airport/aviation insurance company:_____

I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I/we agree that this application shall be a bases of my acceptance by the underwriter.

FRAUD WARNING: Any person who knowingly and with intent to defraud any 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.

Dated at _____, this _____ day of _____, 20_____

Signature of applicant, or Authorized Executive: _____

Title:_____