

# AIRPORT LIABILITY APPLICATION

1. Name of applicant:	
2. Mailing Address:	
3. Effective dates:	to
4. Applicant is a:	<input type="checkbox"/> Government <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Partnership (Name Partners) _____

## GENERAL INFORMATION

5. Name and location of this Airport:		
6. Applicant's interest in Airport is: <input type="checkbox"/> Owner <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee <input type="checkbox"/> Trustee <input type="checkbox"/> Other _____		
7. If applicant is government:		
A) Does airport board/authority/commission or transportation authority operate airport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) Does applicant submit airport insurance for public bid annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C) Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to C, show: Limits: \$	Expiration Date:	Deductible / S.I.R.: \$
If no to C, describe program fully:		
D) Airport Budget:	Last Year:	This Year:
8. FAA Airport Classification:		
9. Airport Altitude:		
10. List certificate restrictions and exemptions:		

## PREMISES - OPERATIONS

11. Control Tower Operation:		<input type="checkbox"/> No Tower <input type="checkbox"/> Controlled by FAA <input type="checkbox"/> Controlled by other _____
A) Control Tower Operation is:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time - Operating Days / Hours are:
12. Does applicant operate Unicom service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are any Nav aids, Radars, Windshear detectors or aircraft communications owned, leased or maintained by applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, describe:
14. Are runways, taxiways, ramps, inspected and maintained by applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No – If no, then by whom:
A) Frequency of inspections:		
16. Does applicant maintain and operate fuel storage facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, are tanks <input type="checkbox"/> Above ground <input type="checkbox"/> Below ground
17. Frequency of fuel storage inspections:		
18. Non-Aviation activities on Airport:		<input type="checkbox"/> Lodging <input type="checkbox"/> Industrial Park <input type="checkbox"/> Storage <input type="checkbox"/> Farming <input type="checkbox"/> Other: _____



**LIG Aviation Managers**

111 2<sup>nd</sup> Ave NE, Suite 1101, St. Petersburg, FL 33701

(727) 578-2800 [SUBMIT@LIGMarine.com](mailto:SUBMIT@LIGMarine.com)

Airport Liability Application

Page 1

## PREMISES - OPERATIONS CONTINUED

19. Does Applicant:

A) Maintain Air Crash Emergency Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Maintain Anti-Terrorist Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Employ Medical Personnel? Explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Base Fire Fighting vehicles on the Airport full time? If no, distance to nearest fire department:	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Maintain Bird Strike prevention programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Operate any Airport vehicles off the Airport? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
G) Maintain an Airport Security Patrol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Own, operate, use or maintain any off-Airport premises to be covered? Describe locations and uses:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I) Charge for Auto Parking? Number of parking spaces:	<input type="checkbox"/> Yes <input type="checkbox"/> No
J) Host/Sponsor or operate Air shows? Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
K) Operate Elevators, Escalators, Moving Sidewalks, And Automated Passenger Trains? If yes, who maintains them:	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is Airport completely fenced in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is Airport patrolled by local police? If yes, how often:	<input type="checkbox"/> Yes <input type="checkbox"/> No

22. Estimated number of Aircraft movements this year for:

A) General Aviation:	
B) Commuter Airlines:	
C) Other Airlines:	
D) Military:	
E) Total Number of Aircraft movements this year:	
23. Estimated Number of enplaned passengers this year:	
24. Largest Aircraft using Airport: (Make, Model & Name of operator)	

25. Runways:

#	Heading	Length	Width	Surface	Describe Obstructions
A)					
B)					
C)					
D)					
E)					

26. List all air carriers using the Airport:



**LIG Aviation Managers**

111 2<sup>nd</sup> Ave NE, Suite 1101, St. Petersburg, FL 33701

(727) 578-2800 [SUBMIT@LIGMarine.com](mailto:SUBMIT@LIGMarine.com)

Airport Liability Application

Page 2

## PRODUCTS / COMPLETED OPERATIONS

27. Does Applicant engage in:	Yes / No	Gross Sales Last Year	Estimated This Year
A) Aircraft fueling:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
B) Aircraft Maintenance / Repairs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
C) Aircraft Parts / Accessories Sales:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
D) Cargo / Baggage Handling or Storage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
E) Plane mate Operation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
F) Passenger or Baggage Security Operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
G) Aircraft Towing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
H) Aircraft De-icing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
I) Restaurant / Vending Machine Operations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
J) Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

## HANGARKEEPERS LIABILITY

28. Aircraft in your custody for Storage / Safekeeping / Repair / Servicing

A) Number of Hangars:		
B) Number of tie-down / parking spaces:		
C) Describe each hangar:		
D) Average value any one aircraft / average total:	Average Value: \$	Total: \$
E) Max. value any one aircraft / total all aircraft:	Max Value: \$	Total all Aircraft: \$
F) Max. value any one hangar / tie down ramp:	Hangar: \$	Tie Down Ramp: \$
G) Gross Sales for:	<b>Last Year</b>	<b>Estimated This Year</b>
Hangar rental / lease:	\$	\$
Tie-down rental / lease:	\$	\$

## CONSTRUCTION / DEMOLITION & ALTERATIONS – owners and contractors protective

29. Contract costs this year for:	Runways	Other	Describe work
A) By applicant:	\$	\$	
B) Independent Contractors:	\$	\$	

## CONTRACTUAL LIABILITY – “hold harmless” agreements, attach copies of contracts

30. Designated Contracts:	Minimum Required Limits?	Is Applicant Held Harmless?
A) Computers & Airlines:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) Fixed Base Operators:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Concessionaires:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) Contractors:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
E) Control Tower Operator:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) Others _____	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No



**LIG Aviation Managers**

111 2<sup>nd</sup> Ave NE, Suite 1101, St. Petersburg, FL 33701

(727) 578-2800 [SUBMIT@LIGMarine.com](mailto:SUBMIT@LIGMarine.com)

Airport Liability Application

Page 3

**CLAIMS – list all claims for past 5 years, use separate paper to complete if necessary**

Date	Cause	Settled, including all costs	Open, including reserves for Defense and Settlement

**CURRENT INSURANCE**

31. Current Insurer:	
A) Expiration Date:	
B) Coverages:	
C) Limits:	\$
D) Premium:	\$

**COVERGES & LIMITS REQUESTED**

32. Limits: (An annual aggregate applies to products / complete operations and contractual liability)	
A) Combined Single Limit, each Occurrence:	\$
B) Each Person:	\$
C) Each Occurrence – Bodily Injury:	\$
D) Each occurrence – Property Damage:	\$
33. Coverages:	
<input type="checkbox"/> Comprehensive General Liability:	<input type="checkbox"/> Owners and Contractors Protective:
<input type="checkbox"/> Specified Hazards:	<input type="checkbox"/> Premises Medical Payments – Limit per person \$
<input type="checkbox"/> Premises and Operations:	<input type="checkbox"/> Personal Injury <input type="checkbox"/> including or <input type="checkbox"/> excluding Advertising Injury
<input type="checkbox"/> Products and Completed Operations:	<input type="checkbox"/> Hangarkeepers Liability Limits: Aircraft \$      Occurrence \$
<input type="checkbox"/> Contractual Liability:	<input type="checkbox"/> Other:

All information herein is warranted to be true to the best of my knowledge and no information has been suppressed or withheld, and no insurer has cancelled or refused to renew this insurance. I understand that the information herein and the truthfulness thereof will be the basis of any insurance provided by the company. This application does not bind the applicant or the company to provide any insurance.

Applicants Signature:	Date:
-----------------------	-------



**LIG Aviation Managers**

111 2<sup>nd</sup> Ave NE, Suite 1101, St. Petersburg, FL 33701

(727) 578-2800 [SUBMIT@LIGMarine.com](mailto:SUBMIT@LIGMarine.com)

Airport Liability Application