

NASON ASSOCIATES, INC.
6811 Shawnee Mission Parkway, #312
Overland Park, KS 66202
913-677-1550

AIRPORT INSURANCE APPLICATION

Name of Applicant: _____ Airport Identifier: _____

Address: _____

Applicant is: ___ Individual ___ Corporation ___ Partnership (Name each partner) ___ Other: _____

Business of Applicant: _____

Proposed Inception Date: _____ Present Insurance Expires: _____

Name of Airport: _____

Airport Manager: _____ Telephone Number: _____

Applicant is: ___ Tenant ___ General Lessee ___ Airport Owner ___ Other: _____

AIRPORT DESCRIPTION:

Elevation: _____ feet	Longest Runway: _____ feet
Number of Aircraft Based at Airport: _____	Airline: _____ General Aviation: _____ Military: _____
Runway Construction: _____ Concrete _____ Turf _____ Blacktop _____ Other: _____	
Are runways lighted? _____ Yes _____ No	Is aircraft traffic controlled? _____ Yes _____ No
If yes, by whom? _____ FAA _____ Non Federal _____ Unicom - Operated by _____	
Is there an airport manager? _____ Yes _____ No	
If yes, employed by whom? _____ Applicant _____ Independent Contractor (Furnish copies of contract)	
Is manager on premises during hours of operation? _____ Yes _____ No	
Hours of Operation: _____ to _____	
Is there a fire station located at airport? _____ Yes _____ No, it is _____ miles from the airport	
Is airport fenced? _____ Yes _____ No	
Airport is maintained by _____	
Does the insured own, operate, or maintain any aids to navigation? _____ Yes _____ No	
If yes, describe: _____	
Are airport premises used for any recreational or other non-aviation activities? _____ Yes _____ No	
If yes, describe: _____	
List airlines and scheduled air taxis that serve the airport currently and for the next three years: _____	

OPERATIONS of APPLICANT: Indicate all operations and estimated annual gross receipts.

Fuel and Lubricants	\$ _____	List all other sources of receipts below.	
Tiedowns and Hangaring	\$ _____	Use separate sheet if needed.	
Restaurant	\$ _____		\$ _____
		TOTAL:	\$ _____

Is the above airport or its employees members of:

The American Association of Airport Executives (AAAE)	Yes _____ No _____	
Airports Council International – North America (ACI-NA)	Yes _____ No _____	

FUELING:

On Premises? Yes No Done by Applicant? Yes No
 Fueling is by: Truck Hydrant Gas Pump Gas Pit Other _____
 Annual Gallonage: Airline _____ gallons General Aviation _____ gallons Military _____ gallons
 Type of Fuel Sold: AV GAS JET FUEL AUTO FUEL
 Annual Gallonage of Turbine Engine Fuel _____ gallons
 Does Applicant refuel / defuel any scheduled Airlines? Yes No
 If yes, describe type Aircraft and number fueled per day _____
 Self-Serve Fuel: Does Applicant provide Self-Serve Fuel on premises? Yes No
 If yes, who is responsible for Fuel & Equipment maintenance of tanks? _____
 who receives the profit from the sale of fuel? _____

TIE DOWN and HANGARING by APPLICANT:

Are aircraft of others taxied, towed, or moved by applicant? Yes No
 Number of Tiedown Spaces: _____ T-Hangars: _____ Multiple-Aircraft Hangars: _____
 Number of Aircraft Tied Down: _____ In T-Hangars: _____ In Multiple Aircraft Hangars: _____
 Highest Value Aircraft Tied Down: _____ In T-Hangars: _____ In Multiple Aircraft Hangars: _____
 Total Value of All Aircraft Tied Down: _____ In T-Hangars: _____ In Multiple Aircraft Hangars: _____

ESTIMATED NUMBER OF AIRCRAFT MOVEMENTS THIS YEAR FOR:

General Aviation: _____ Military: _____
 Commuter Airlines: _____ Other: _____
 Total: _____

ESTIMATED NUMBER OF ENPLANED PASSENGERS THIS YEAR: _____

LIABILITY COVERAGE: State Limits of Liability desired.

Coverage	Each Aircraft	Each Occurrence
SINGLE LIMIT Bodily Injury/Property Damage	X X X X X X X	\$
Ground Hangarkeepers Liability	\$	\$
Products Liability	X X X X X X X	\$

LOSS HISTORY and PREVIOUS AVIATION INSURANCE:

Has any applicant had any aircraft/aviation losses or claims during last five years? Yes No
 Has any insurer canceled, declined, or refused to renew any aviation insurance? Yes No
 Explain each "Yes" answer _____
 Name of last or present aviation insurance company: _____

I/We authorize Nason Associates, Inc. and the following agent/broker to represent me/us in the placing of this insurance (State agent/broker's name and address): _____

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed, and I 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.

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.

Date: _____ Authorized Applicant Signature: _____ Title: _____