

NASON ASSOCIATES, INC.

Providing Aviation Insurance Since 1980

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FIXED BASE OPERATOR SURVEY FORM AEA GROUP PLAN

Name of Applicant _____

Address _____

Individual Partnership Corporation Joint Venture

Name and Location of Airport _____

Number of Years in Business _____ Proposed Inception Date _____

A. PRODUCTS/COMPLETED OPERATIONS LIABILITY

Limits of Liability Desired _____ CSL, BI/PO/AGG Total Annual Premium _____

1. If you do repairs and services on rotorwing aircraft, major engine overhauls, ultra tights and/or airline equipment please furnish description of such repairs and services and percentage of total sales applicable to each category on reverse.

2. Report annual gross sales/receipts

New Aircraft \$ _____ Avionics
(a) New Radios/Avionics (excluding labor) \$ _____ (d) Parts and Accessories Not Installed \$ _____
Used Aircraft \$ _____

Gas & Oil \$ _____

Repair & Service (excluding avionics) \$ _____ (b) Used Radios/Avionics (excluding labor) \$ _____

Parts & Accessories (excluding avionics) \$ _____ (c) Repair, service and radio installation (labor only) \$ _____

3. Estimate percentages of annual gross receipts in the following categories.

Repair/Installation: Instruments _____% Autopilots _____% Radios _____%

4. Are you a dealer for Rockwell Collins or Honeywell? No _____ Yes _____

B. PREMISES LIABILITY

Limits of Liability _____ CSL, BI/PO/AGG Total Annual Premium _____

1. Applicant is: _____ Owner of Airport _____ Tenant on Airport _____ General Lessee of Airport

2. Applicant occupies what part of the Airport: _____ Entire _____ Portion

3. Length of the longest runway: _____ feet Hard Surfaced? _____

4. Who directs air traffic control: _____ FAA. _____ Private _____ None

5. Who is responsible for maintenance of taxiways & runways? _____

6. Do scheduled airlines operate from the field? _____ (x if applicable) _____ Commuter _____ Trunk Airline
Advise number of aircraft movements annually Commuter _____ Trunk Airlines _____

7. What protection is used to keep the public from the operations and hangaring areas? _____

8. Have you had any previous losses or lawsuits? No _____ Yes _____ If yes, please give dares and explanations.

C. HANGARKEEPERS LIABILITY

I. Limit of Liability Coverage desired:

\$ _____ any one aircraft \$ _____ any one occurrence
Total Annual Premium \$ _____

Is In-Flight Hangarkeeper's Liability desired? _____ If so, Limit for any one Aircraft is \$ _____
Describe In-Flight operations with aircraft in applicant's care & custody _____

2. Construction description and number of hangers used for aircraft storage: _____

3. Are any aircraft tied out? _____ Type of tie-down facility _____

Average number of aircraft tied out _____

4. Average value of any one aircraft in care & custody of the applicant \$ _____

Maximum value of any one aircraft in care & custody of the applicant \$ _____

Average total value of all aircraft which would be subject to one loss \$ _____

Maximum value of all aircraft which would be subject to one loss \$ _____

Including Taxiing _____ Excluding Taxiing _____

5. Does the applicant operate a repair service shop? _____ Is any repair or service work done in any banger used for aircraft storage? _____

6. Does the applicant do any aircraft painting? _____ If so, what protection is taken against fire or explosion? _____

7. Does the applicant refuel aircraft? _____ Approximate monthly gallonage broken down as follows!

General Aviation: AV Gas _____ Jet Fuel _____

Airlines: AV Gas _____ Jet Fuel _____

If applicant does contract fueling for airlines, please give details on reverse and attach a copy of the contract.

8. Number and type of fueling vehicles operated: _____

9. Storage Tanks: Underground: _____ Gallons Above ground: _____ Gallons

10. Are static lines attached during all refueling operations? _____

Are U.L. approved fire extinguishers carried on each fueling vehicle? _____

11. Have you had any previous losses or lawsuits? No _____ Yes _____ If yes, please give dates and explanations.

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. Signing this application does not bind the applicant or the Company to complete the insurance, but the applicant agrees that the above information shall be the basis of any policy or policies which may be issued.

Dated at _____ this _____ day of _____, 20 _____

Signature of Applicant, or Authorized Executive _____ Title _____