

NASON ASSOCIATES, INC.
5700 Broadmoor, #905
Mission, KS 66202
913-677-1550 Fax: 913-384-9350

FIXED-BASE OPERATOR INSURANCE APPLICATION

Name of Applicant: _____

Address: _____

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

Name and Location of Airport: _____

Number of Years Experience as Fixed Base Operator: _____ Proposed Inception
 Date: _____

Are you a designated CESSNA Service Center? Yes No

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 _____

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

Fuel and Lubricants	\$ _____	Airshows	\$ _____	List all other sources of receipts below. Use separate sheet if needed.
Tiedowns and Hangaring	\$ _____	Aircraft Maintenance	\$ _____	
Landing Fees	\$ _____	Aircraft Charter	\$ _____	_____ \$ _____
New Aircraft	\$ _____	Rental and Instruction	\$ _____	_____ \$ _____
Used Aircraft	\$ _____	Restaurant	\$ _____	_____ \$ _____
Aircraft Parts	\$ _____	Auto Parking	\$ _____	TOTAL: _____ \$ _____

FUELING:

Type of Fuel Sold: _____	AV Gas _____ Jet Fuel _____ Aircraft Auto Gas _____
Done on Premises? _____	Yes _____ No _____ Done by Applicant? _____ Yes _____ No _____
Dispensed by: _____	Truck _____ Hydrant _____ Gas Pump _____ Gas Pit _____ Other: _____
Annual Gallonage: _____	Airline: _____ General Aviation: _____ Military: _____
Fuel Storage Facilities: _____	Underground: _____ Gallons _____ Above Ground: _____ Gallons _____

TIE DOWN and HANGARING by APPLICANT:

Are aircraft of others taxed, 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: _____	

APPLICANT'S VEHICLES, ELEVATORS, and AIRCRAFT:

Number and type of vehicles exclusively on the airport premises: Fuel Trucks _____		Sweepers _____		Snow Removal _____		Fire Engines _____		Tugs _____		Hydrant Carts _____	
Pickup Trucks _____		Passenger Cars _____		Other _____							
Number of Elevators _____				Escalators _____				Moving Sidewalks _____			
Number of Aircraft owned or operated by Applicant _____						Number of Helicopters owned or operated by Applicant _____					

NON-OWNED AIRCRAFT LIABILITY COVERAGE::

_____ Piloted by Applicant's employees	Number of Hours per year: _____	Aircraft Type: _____	Maximum Seating: _____
_____ Piloted by Others	Number of Hours per year: _____	Aircraft Type: _____	Maximum Seating: _____
Type and maximum value of non-owned aircraft used: _____			
What is the use of the non-owned aircraft? _____			
APPLICANT'S EMPLOYEE PILOTS MUST ATTACHED A COMPLETED PILOT HISTORY FORM			

LIABILITY COVERAGE: State Limits of Liability desired.

COVERAGE	EACH AIRCRAFT	EACH OCCURRENCE
Bodily Injury Liability Excluding Passengers	X X X X X X X	\$
Property Damage Liability	X X X X X X X	\$
SINGLE LIMIT Bodily Injury/Property Damage	\$	\$
Products/Completed Operations Liability	X X X X X X X	\$
Ground Hangarkeepers Liability	\$	\$
Non-Owned Liability including _____ excluding Passengers	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 on reverse.
Last or Present Airport/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: _____

IF AIRCRAFT ARE TO BE INSURED, COMPLETE THE ATTACHED PAGE.