

# NASON ASSOCIATES, INC.

Providing Aviation Insurance Since 1980  
6811 Shawnee Mission Parkway, #312  
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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

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

#### AIRCRAFT

New Aircraft \$ \_\_\_\_\_

Used Aircraft \$ \_\_\_\_\_

Gas & Oil \$ \_\_\_\_\_

Repair & Service \_\_\_\_\_  
(excluding avionics) \$ \_\_\_\_\_

Parts & Accessories \_\_\_\_\_  
(excluding avionics) \$ \_\_\_\_\_

#### AVIONICS

(a) New Radios/Avionics  
(excluding labor) \$ \_\_\_\_\_

(b) Used Radios/Avionics  
(excluding labor) \$ \_\_\_\_\_

(c) Repair, service and radio installation  
(labor only) \$ \_\_\_\_\_

(d) Parts and Accessories  
Not Installed \$ \_\_\_\_\_

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

Repair/Installation: Instruments \_\_\_\_\_% Autopilots \_\_\_\_\_% Radios \_\_\_\_\_%

4. Are you a dealer for Rockwell Collins, Honeywell, Garmin or S-Tec? No \_\_\_\_\_ Yes \_\_\_\_\_

### B. PREMISES LIABILITY

Limits of Liability \_\_\_\_\_ CSL, BI/PO/AGG

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

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

3. What protection is used to keep the public from the operations and hangaring areas? \_\_\_\_\_

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C. HANGARKEEPERS LIABILITY

I. Limit of Liability Coverage desired:

\$ \_\_\_\_\_ any one aircraft \$ \_\_\_\_\_ any one occurrence

Is Non-Owned Aircraft Liability desired? \_\_\_\_\_ If so, Limit for any one Aircraft is \$ \_\_\_\_\_  
Describe Non-Owned operations with aircraft in applicant's care & custody \_\_\_\_\_

2. Construction description and number of hangars 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 an aircraft repair service shop? \_\_\_\_ Is any repair or service work done in any hangar 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 \_\_\_\_\_