

**NASON ASSOCIATES**  
**13851 W. 63rd St., #396**  
**Shawnee, KS 66216**  
**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: \_\_\_\_\_

<b>AIRPORT DESCRIPTION:</b>	
Elevation: _____ feet	Longest Runway: _____ feet
Number of Aircraft Based at Airport: _____	Airline: _____ General Aviation: _____ Military: _____
Runway Construction: _____ Concrete _____ Turf _____ Blacktop _____ Other: _____	
Are runways lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is aircraft traffic controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom? <input type="checkbox"/> FAA <input type="checkbox"/> Non Federal <input type="checkbox"/> Unicom - Operated by _____	
Is there an airport manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, employed by whom? <input type="checkbox"/> Applicant <input type="checkbox"/> Independent Contractor (Furnish copies of contract)	
Is manager on premises during hours of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours of Operation: _____ to _____	
Is there a fire station located at airport? <input type="checkbox"/> Yes <input type="checkbox"/> No, it is _____ miles from the airport	
Is airport fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Airport is maintained by _____	
Does the insured own, operate, or maintain any aids to navigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe: _____	
Are airport premises used for any recreational or other non-aviation activities? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>
Airports Council International – North America (ACI-NA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**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: \_\_\_\_\_