

**NASON ASSOCIATES**  
**13851 W. 63<sup>rd</sup> 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: \_\_\_\_\_ located \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_ (city)

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: <input type="checkbox"/> Concrete <input type="checkbox"/> Turf <input type="checkbox"/> Blacktop <input type="checkbox"/> 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 copy 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	\$ _____	
		_____ \$ _____
		_____ \$ _____
		<b>TOTAL: \$ _____</b>

**Is there above airport or its employees member of:**

The American Association of Airport Executives (AAAE)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Airports Council International – North American (ACI-NA)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**FUELING:**

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

**TIE DOWN and HANGARING by APPLICANT:**

Are aircraft of others taxed, towed, or moved by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer canceled, declined, or refused to renew any aviation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain each "Yes" answer below.
Name of last or present aviation insurance company: _____

I/We authorize Nason Associates 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: \_\_\_\_\_