

NASON ASSOCIATES

13851 W. 63rd St., #396
Shawnee, KS 66216
913-677-1550

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:

Number of Aircraft Based at Airport: _____ Airline: _____ General Aviation: _____ Military: _____

Runway Construction: Concrete Turf Blacktop Other: _____

Are runways lighted? Yes No

Is there an airport manager? Yes No

If yes, employed by whom? Applicant Independent Contractor (Furnish copies of contract)

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	\$ _____	Aircraft Parts	\$ _____	List all other sources of receipts below. Use separate sheet if needed.
Aircraft Maintenance	\$ _____			
Aircraft Charter	\$ _____	Rental and Instruction	\$ _____	
New Aircraft	\$ _____	Restaurant	\$ _____	1) _____ \$ _____
Used Aircraft	\$ _____			2) _____ \$ _____
				3) _____ \$ _____
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 taxied, 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: _____

APPLICANT'S VEHICLES, ELEVATORS, and AIRCRAFT:

Number and type of vehicles exclusively on the airport premises: Fuel Trucks _____						
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::

<input type="checkbox"/> Piloted by Applicant's employees	Number of Hours per year: _____	Aircraft Type: _____	Maximum Seating: _____
<input type="checkbox"/> 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
SINGLE LIMIT Bodily Injury/Property Damage	\$	\$
Products/Completed Operations Liability	X X X X X X X	\$
Ground Hangarkeepers Liability	\$	\$
Non-Owned Liability <input type="checkbox"/> including <input type="checkbox"/> 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? <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 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: _____

