

# NASON ASSOCIATES

310 S. Oak St., #212  
Roanoke, TX 76262  
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:	<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 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 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	

### 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	\$ _____	1) _____ \$ _____
				2) _____ \$ _____
New Aircraft	\$ _____	Restaurant	\$ _____	3) _____ \$ _____
Used Aircraft	\$ _____			
				TOTAL: \$ _____

### FUELING:

Type of Fuel Sold:	<input type="checkbox"/> AV Gas	<input type="checkbox"/> Jet Fuel	<input type="checkbox"/> Aircraft Auto Gas	
Done on Premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Done by Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensed by:	<input type="checkbox"/> Truck	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Gas Pump	<input type="checkbox"/> Gas Pit <input type="checkbox"/> 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: \_\_\_\_\_