



Please complete and send to your Broker

[www.avroinsurance.com](http://www.avroinsurance.com)

## Airport Liability Application Form

### APPLICANT DETAILS

Name of Insured:		
Street Address:		
City:	Province:	Postal Code:
Current Insurer:		Date Coverage Required/Expiry Date:
Has prior insurance ever been cancelled or non-renewed?		

### AIRPORT

Name:	Address:
-------	----------

#### *Runways*

Heading	Length	Width	Surface	Obstructions

#### *Buildings*

Age	Size	Heating	Construction	Sprinkler System (Yes/No)

List the occupants of the hangars or buildings identified above:

- 1)
- 2)
- 3)
- 4)
- 5)

Do you require the tenants to carry liability insurance for the use of the hangar or buildings? - Yes / No

Do you require and obtain a hold harmless agreement from your tenants? - Yes / No

**AIRPORT DESCRIPTION (please answer yes or no)**

Is there an airport manager?	<i>If yes , who employs the manager?</i>	
Who maintains the airport?	<i>Applicant or Name:</i>	
Does Insured maintain an emergency plan in the event of an aircraft crash?		
Is the airport fenced?		
Is there emergency equipment located at the airport?	<i>Details:</i>	
Is there a fire station located at the airport?	<i>If no , how many kilometers from airport?</i>	
Air traffic is controlled by:	<i>Control Tower:</i>	<i>Uncontrolled:</i>
Is the airport used a night?		
Is the airport used during the winter months?		
<b>If yes</b> , do you provide snow clearing maintenance?		
<b>If no</b> , who does?	<i>Do you require the contractor to carry insurance?</i>	
Do you provide grass cutting at the airport?		
<b>If no</b> , who does?	<i>Do you require the contractor to carry insurance?</i>	
Do you provide general maintenance at the airport?		
<b>If no</b> , who does?	<i>Do your require the contractor to carry insurance?</i>	
Is there airport security?	<i>If yes provide details:</i>	
Do you maintain wildlife and bird strike prevention programs?		
Do you host or sponsor any airshows?	<i>If yes, provide full details:</i>	
Do you expect any construction work on your property in the next 12 months?		
<b>If yes</b> , provide details:		
Have you entered into any written agreements whereby either you hold harmless and indemnify others or you are held harmless and indemnified by others?		
<b>If yes</b> , provide details:		

**FUEL OPERATIONS (please answer yes or no)**

Are the fuel storage facilities operated by Applicant?	<i>If no , who provides this service:</i>	
<b>If yes</b> , please advise how:		
By fuel truck:	gas pump:	other:
Are the fuel tanks:	above ground:	below ground:
Is aircraft fuelling performed by your employees?		
Are you responsible for fuel testing and quality assurance?		
Is there any training program in fuel handling and aircraft fuelling procedures?		

## EXPOSURE

Estimated number of aircraft movements per year:

General Aviation: \_\_\_\_\_

Regional Airlines: \_\_\_\_\_

Other Airlines: \_\_\_\_\_

TOTAL \_\_\_\_\_

Estimated number of enplaned passengers per year:

Largest aircraft using airport: \_\_\_\_\_

**Identify the number of vehicles owned, operated, used or leased by the airport:**

Snow removal equipment: \_\_\_\_\_

Maintenance vehicles: \_\_\_\_\_

Deicing trucks: \_\_\_\_\_

Pickup trucks: \_\_\_\_\_

Escort vehicles: \_\_\_\_\_

Passengers' cars: \_\_\_\_\_

Crash/fire/rescue vehicles: \_\_\_\_\_

Grass cutting: \_\_\_\_\_

Sweepers: \_\_\_\_\_

Cargo/baggage: \_\_\_\_\_

Tugs: \_\_\_\_\_

Fuel trucks: \_\_\_\_\_

Passenger buses: \_\_\_\_\_

Other: \_\_\_\_\_

*If other, please describe:*

## HANGARKEEPERS COVERAGE

**Aircraft owned by others in your care, custody or control**

	Average		Maximum	
	Hangared	Tied Down	Hangared	Tied Down
Value any one aircraft	\$	\$	\$	\$
Value of all aircraft	\$	\$	\$	\$
Number of aircraft				

Are you responsible for moving other people's aircraft?: Yes / No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care, custody and control?: Yes / No

*If yes, please attach a copy of the standard agreement*

Do you test fly customers' aircraft?: Yes / No

If yes, Maximum Value: \$

Aircraft Make and Model:

**SERVICES PROVIDED**

*If you provide services to third party companies*

Type of Operation	Yes	No	Last 12 months Revenue	Estimated Revenue for the next 12 months
Loading or unloading of baggage			\$	\$
Loading or unloading of cargo			\$	\$
Marshalling			\$	\$
De-icing			\$	\$
Towing			\$	\$
Power starts			\$	\$
Fuelling AV Gas			\$	\$
			<i>Litres pumped</i>	#
Fuelling Jet Fuel			\$	\$
			<i>Litres pumped</i>	#
Grooming			\$	\$
Hangar rental			\$	\$
Tie down rental			\$	\$
Passenger/baggage screening			\$	\$
Other, describe			\$	\$

*For the above identified services please state aircraft types serviced and frequency per week*

Piston/Turbo Prop		Jet Aircraft	
Aircraft Types	Frequency	Aircraft Types	Frequency

List of your principal Customers

- 1)
- 2)
- 3)

How long have you provided this service? Years #

Do you have an agreement with your major customers where they have agreed to hold you harmless?: Yes / No  
*If yes , please provide a copy of the agreement*

**PRODUCTS COVERAGE**

Breakdown of your annual gross receipts

**COVERAGES REQUIRED**

		Limit	Alternate Limits	
1) Premises	each occ	\$	\$	\$
1a) Tenants Legal Liability	each occ	\$	\$	\$
2) Hangarkeepers	each aircraft	\$	\$	\$
	each occ	\$	\$	\$
3) Products	each occ/agg	\$	\$	\$

**ACCIDENTS, VIOLATIONS, INCIDENTS (please provide details)**

The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

<b>Applicant's Signature</b>	<b>Date</b>
------------------------------	-------------

<b>Broker's Name</b>	<b>Contact</b>
<b>Email</b>	<b>Phone</b>