PRIVATE HANGAR LIABILITY SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
PHONE (A/C, No, Ext):	EFF DATE / EXP DATE / BILLING METHOD (☐ DIRECT BILL ☐ AGENCY BILL) / PAYMENT PLAN / AUDIT
FAX (A/C, No):	
E-MAIL ADDRESS:	
CODE: SUB CODE:	ESTIMATED ANNUAL PREMIUM / FOR COMPANY USE ONLY
AGENCY CUSTOMER ID:	

HANGAR INFORMATION

LOCATION #: BUILDING #: AIRPORT ID:

AIRPORT NAME:	
NUMBER OF HANGARS INSURED:	MAXIMUM VALUE OF ALL AIRCRAFT STORED IN THE HANGAR: $
NUMBER OF AIRCRAFT OWNER STORES IN THE INSURED HANGAR:	NUMBER OF HANGAR SPACES YOU LEASE:

TYPE OF AIRCRAFT THE HANGAR OWNER OWNS / STORES IN THE HANGAR		WHO HAS ACCESS TO LEASED HANGARS?
MAKE	MODEL	

LIABILITY AND PHYSICAL DAMAGE INSURANCE COMPANY:
DESCRIPTION OF HANGAR
DESCRIBE OTHER ITEMS IN STORAGE
DESCRIBE ANY COMMERCIAL OPERATIONS YOU OR YOUR TENANT CARRY OUT IN THE HANGAR
IF YOU ARE REQUIRED TO SIGN AIRPORT HANGAR AGREEMENTS WITH YOUR CITY, WITH WHOM ARE THE AGREEMENTS SIGNED?

GENERAL INFORMATION

	YES	NO
1a. DO YOU REQUIRE HANGAR TENANTS TO CARRY INSURANCE?	☐	☐
1b. IF "YES", DOES THEIR INSURANCE POLICY NAME THE OWNER AS AN ADDITIONAL INSURED?	☐	☐
2. DO YOU REQUIRE TENANTS TO SIGN A HANGAR AGREEMENT HOLDING YOU HARMLESS FOR LOSSES NOT CAUSED BY YOU?	☐	☐
3. ARE ANY AIRCRAFT OF OTHERS, TAXIED, TOWED OR MOVED BY THE APPLICANT?	☐	☐

ADDITIONAL INSURED

NAME AND ADDRESS	DESCRIBE REASON FOR INTEREST
☐ CERTIFICATE REQUIRED	PHONE (AC, No, Ext):
	FAX (AC, No,):
	E-MAIL ADDRESS:
NAME AND ADDRESS	DESCRIBE REASON FOR INTEREST
☐ CERTIFICATE REQUIRED	PHONE (AC, No, Ext):
	FAX (AC, No,):
	E-MAIL ADDRESS:

COVERAGES

COVERAGE	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
HANGARKEEPERS LEGAL LIABILITY	☐ INCLUDING TAXI ☐ IN FLIGHT ☐	$ $	EA AIRCRAFT EA OCC	$ $ $		$

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	DEDUCTIBLE	APPLIES TO	PREMIUM
		☐ ☐	$ $		$ $		$
		☐ ☐	$ $		$ $		$

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