HANGAR SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		APPLICANT (First Named Insured)
CODE:	SUB CODE:	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?

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