AGENCY CUSTOMER ID: _____

# AIRPORT AND FBO LIABILITY CHANGE REQUEST

DATE (MM/DD/YYYY)

| AGENCY | | NAMED INSURED | |
|---|---|---|---|
| POLICY NUMBER | EFFECTIVE DATE | CARRIER | NAIC CODE |
| EFFECTIVE DATE OF CHANGE | EFFECTIVE TIME OF CHANGE ☐ AM ☐ PM | ☐ = TYPE OF CHANGE (A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE | |

## AIRPORT INFORMATION

| | | | |
|---|---|---|---|
| * ☐ LOC #: | NAME (On Current Policy): | * ☐ ELEVATION Ft. | * ☐ DESCRIBE ANY SEA LANES |
| * ☐ AIRPORT ID | NAME (If Changed): | | |

| | | | |
|---|---|---|---|
| * ☐ APPLICANT'S INTEREST IN AIRPORT | * ☐ AIRPORT OCCUPANCY | * ☐ FIRE STATION ON PREM? (Y / N) | * ☐ DISTANCE TO FIRE STATION Mi. |
| ☐ TENANT ☐ AIRPORT OWNER ☐ | ☐ ENTIRE AIRPORT | | |
| ☐ GENERAL LESSEE ☐ SUB-TENANT | ☐ PORTION - Explain | | |

| AIRCRAFT | | | RUNWAYS | | | | |
|---|---|---|---|---|---|---|---|
| NUMBER OF: | AIRCRAFT BASED AT THE AIRPORT | ESTIMATED ARRIVALS/ DEPARTURES THIS YEAR | * ☐ CONSTRUCTION | ☐ GRAVEL | * ☐ LIGHTED? (Y / N) | * ☐ LONGEST RUNWAY Ft. | |
| AIRLINE AIRCRAFT | * | * | ☐ BLACKTOP | ☐ TURF | | | |
| GENERAL AVIATION AIRCRAFT | * | * | ☐ CONCRETE | | | | |
| MILITARY AIRCRAFT | * | * | * ☐ WHO MAINTAINS TAXIS AND RUNWAYS? | | | | |

## AIRPORT GENERAL INFORMATION

| ANSWER ALL QUESTIONS IF AN AIRPORT HAS BEEN ADDED. ANSWER ANY QUESTION WHERE RESPONSE HAS CHANGED FROM THE ORIGINAL APPLICATION. EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|---|
| 1. ARE THERE ANY OBSTRUCTIONS TO THE APPROACH? | |
| 2. DOES THE AIRPORT MAINTAIN AN AIR CRASH EMERGENCY PLAN? | |
| 3. DOES THE AIRPORT MAINTAIN AN ANTI-TERRORIST PLAN? | |
| 4. DOES THE AIRPORT EMPLOY MEDICAL PERSONNEL? | |
| 5. DOES THE AIRPORT MAINTAIN A BIRD STRIKE PREVENTION PROGRAM? | |
| 6. IS THE AIRPORT FENCED? | |
| 7. IS THERE A CONTROL TOWER ON THE AIRPORT? * ☐ NAME OF OPERATOR: * ☐ FULL TIME * ☐ PART TIME (If Part Time, enter hours) START TIME: CLOSE TIME: | |

## GENERAL LESSEE / AIRPORT OWNER

| | |
|---|---|
| * ☐ # BLDGS | * ☐ BRIEF DESCRIPTION OF PREMISES |
| * ☐ DESCRIBE ANY ULTRALIGHT, PARACHUTING OR AGRICULTURE ACTIVITIES ALLOWED | |
| * ☐ DESCRIBE ANY RECREATIONAL OR NON-AVIATION USE OF THE AIRPORT | |
| * ☐ DESCRIBE ANY AIR SHOWS, EXHIBITIONS OR OTHER AVIATION SPECIAL EVENTS SCHEDULED OR ANTICIPATED AT THE AIRPORT | |

| LIST AIRLINES AND SCHEDULED AIR TAXIS THAT WILL SERVE THE AIRPORT DURING THE NEXT YEAR | LIST THE TYPES OF AIRLINE / COMMUTER EQUIPMENT |
|---|---|
| * ☐ | * ☐ |
| * ☐ | * ☐ |
| * ☐ | * ☐ |
| * ☐ | * ☐ |

## BUSINESS OWNER / MANAGEMENT

| AIRPORT MANAGER (Answer if airport added or responses have changed) | Y / N | BUSINESS OWNER |
|---|---|---|
| 1. IS THERE AN AIRPORT MANAGER? | | * ☐ NAME: |
| 2. IS THE AIRPORT MANAGER AN EMPLOYEE OF THE INSURED? | | * ☐ OWNER STATUS ☐ ABSENTEE ☐ ACTIVE OWNER |
| 3. IS THERE A MANAGER ON PREMISES DURING OPERATION? | | * ☐ EMPLOYEE STATUS ☐ CONTRACTED ☐ FULL TIME ☐ PART TIME |
| * ☐ MANAGER OF FLIGHT OPERATIONS | | * ☐ IF BUSINESS OWNER IS ABSENT, WHO MANAGES THE BUSINESS? |
| NAME: | | NAME: |
| EXPERIENCE: | | EXPERIENCE: |


© 2009, 2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: _____

## GROSS RECEIPTS

| SOURCE OF RECEIPTS | AMOUNT | SOURCE OF RECEIPTS | AMOUNT | SOURCE OF RECEIPTS | AMOUNT |
|---|---|---|---|---|---|
| FUEL & LUBRICANTS | $ | ENGINE OVERHAUL | $ | | $ |
| AIRCRAFT REPAIR / SERV | $ | TIE-DOWN / HANGARING | $ | | $ |
| AIRCRAFT PARTS (not inst) | $ | PROPELLER REPAIR | $ | | $ |
| SALE OF NEW AIRCRAFT | $ | AIRCRAFT CHARTER | $ | | $ |
| SALE OF USED AIRCRAFT | $ | RENTAL - INSTRUCTION | $ | | $ |
| RESTAURANT | $ | HELICOPTER REPAIRS | $ | | $ |
| AIRCRAFT PAINTING | $ | AUTO PARKING | $ | | $ |

## FUELING

**IS FUELING DONE:**

BY SELF SERVE ☐ BY TRUCK ☐ ON PREMISES ☐
BY APPLICANT ☐ BY GAS PUMP ☐

IF NOT BY APPLICANT, BY WHOM:

**APPLICANT SELLS:** ☐ AV GAS ☐ JET FUEL ☐ AUTO FUEL

**ANNUAL GALLONAGE**

☐ **AIRLINE** ☐ **GENERAL AVIATION** ☐ **MILITARY**

☐ **FUEL STORED UNDERGROUND** ☐ **FUEL STORED ABOVE GROUND**

## TIE-DOWNS / HANGARING

**LOCATION #:** **BUILDING #:** **AIRPORT ID:**

☐ **TIE-DOWN PROVIDER** ☐ **TYPE OF TIE-DOWNS (Aircraft Tied-Out)** ☐ **# TIE-DOWN SPACES**

☐ **DESCRIBE STORAGE HANGARS**

**MAXIMUM VALUE OF AIRCRAFT IN CARE, CUSTODY AND CONTROL OF APPLICANT**

☐ **ANY ONE AIRCRAFT** $ ☐ **ALL AIRCRAFT** $

☐ **STORAGE HANGAR CONSTRUCTION TYPE** ☐ **STORAGE HANGAR AREA** Sq. Ft.

## GENERAL INFORMATION

| ANSWER IF LOCATION HAS BEEN ADDED OR RESPONSE HAS CHANGED (Attach ACORD 332, Hangar Schedule, if applicable) | Y / N |
|---|---|
| 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? | |

## CONTRACTS AND CONSTRUCTION

| ANSWER IF RESPONSE HAS CHANGED. ATTACH COPIES OF AGREEMENTS / CONTRACTS FOR ALL "YES" ANSWERS. | Y / N |
|---|---|
| 1. HAS APPLICANT ENTERED INTO ANY AGREEMENTS ASSUMING LIABILITY OF OTHERS SUCH AS LEASE OF PREMISES, FUEL SUPPLIER, EQUIPMENT LEASES, ETC.? | |
| 2. DOES APPLICANT USE CONTRACTS FOR HANGARING AND TIE-DOWN SERVICE, ETC.? | |
| 3. ESTIMATED COST OF CONSTRUCTION FOR RUNWAYS AND TAXIWAYS: $ | |

## VEHICLES, ELEVATORS AND AIRCRAFT

| | NUMBER OF | | NUMBER OF | OTHER VEHICLES, ETC. | NUMBER OF | OTHER VEHICLES, ETC. | NUMBER OF |
|---|---|---|---|---|---|---|---|
| FUEL TRUCKS | | MOVING SIDEWALKS | | | | | |
| SNOW REMOVAL | | AIRCRAFT OWNED AND OPERATED BY APPLICANT | | | | | |
| FIRE ENGINES | | | | | | | |
| TUGS | | HELICOPTERS OWNED & OPERATED BY APPLICANT | | | | | |
| MOWERS | | | | | | | |
| PICKUP TRUCKS | | | | | | | |
| PASSENGER CARS | | | | | | | |
| SWEEPERS | | | | | | | |
| ELEVATORS | | | | | | | |
| ESCALATORS | | | | | | | |

☐ **ARE ANY VEHICLES OPERATED OFF AIRPORT? (Y / N)** ☐ **If "YES", explain.**

## ADDITIONAL INTEREST

| INTEREST | NAME AND ADDRESS ☐ RANK: ____ EVIDENCE: ☐ CERTIFICATE | INTEREST IN ITEM NUMBER | |
|---|---|---|---|
| ADDITIONAL INSURED | **NAME (On Current Policy):** | **LOCATION:** | **BUILDING:** |
| BREACH OF WARRANTY | ☐ **NAME:** | **AIRPORT:** | **AIRCRAFT:** |
| CO-OWNER | ☐ **STREET:** | **ITEM CLASS:** | **ITEM:** |
| LEASEBACK OWNER | | **ITEM DESCRIPTION** | |
| LENDER'S LOSS PAYABLE | ☐ **CITY:** ☐ **STATE:** | | |
| LIENHOLDER | ☐ **ZIP:** ☐ **COUNTRY:** | | |
| LOSS PAYEE | ☐ **REFERENCE / LOAN #:** ☐ **INTEREST END DATE:** | | |
| MORTGAGEE | ☐ **LIEN AMOUNT:** ☐ **PHONE (A/C, No, Ext):** | | |
| | ☐ **FAX (A/C, No):** ☐ **E-MAIL ADDRESS:** | | |

**REASON FOR INTEREST:**

AGENCY CUSTOMER ID: _____

## COVERAGES

| COVERAGE | OPTIONS | LIMIT | APPLIES TO | DEDUCTIBLE | APPLIES TO | PREMIUM |
|---|---|---|---|---|---|---|
| * ☐ PREMISES LIABILITY | ☐ | $ | BI EA PERS | | | |
| | ☐ | $ | EA OCC | $ | | $ |
| | ☐ | $ | PD | | | |
| * ☐ PREMISES MEDICAL PAYMENTS | ☐ | $ | EA PERS | | | |
| | ☐ | $ | EA OCC | | | $ |
| * ☐ PRODUCTS LIABILITY | ☐ SALE OF FUEL & OIL | $ | BI EA PERS | | | |
| | ☐ EXTENDED | $ | EA OCC | | | $ |
| | ☐ | $ | AGGR | | | |
| * ☐ COMPLETED OPERATIONS LIABILITY | ☐ EXTENDED | $ | BI EA PERS | | | |
| | ☐ | $ | EA OCC | | | $ |
| | ☐ | $ | AGGR | | | |
| * ☐ HANGARKEEPERS LEGAL LIABILITY | ☐ INCLUDING TAXI | $ | EA AIRCRAFT | $ | | |
| | ☐ IN FLIGHT | | | | | $ |
| | ☐ | $ | EA OCC | $ | | |
| * ☐ FIRE LEGAL LIABILITY | ☐ | $ | ANY ONE FIRE | | | $ |
| * ☐ PERSONAL INJURY LIABILITY | ☐ | $ | EA OCC | | | |
| | ☐ | $ | AGGR | | | $ |
| * ☐ ADVERTISING LIABILITY | ☐ | $ | EA OCC | | | |
| | ☐ | $ | AGGR | | | $ |
| * ☐ CONTRACTUAL LIABILITY | ☐ INCLUDED | | | | | |
| | ☐ EXCLUDED | | | | | |

| COVERAGE CODE | COVERAGE DESCRIPTION | OPTIONS | LIMIT | APPLIES TO | DEDUCTIBLE | APPLIES TO | PREMIUM |
|---|---|---|---|---|---|---|---|
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |
| * ☐ | | ☐ | $ | | $ | | |
| | | ☐ | $ | | $ | | $ |

## GENERAL INFORMATION

| ANSWER IF RESPONSE HAS CHANGED. EXPLAIN ALL "YES" RESPONSES | Y / N |
|---|---|
| 1. ANY AIRCRAFT OTHER THAN SINGLE ENGINE OR MULTI-ENGINE MAINTAINED, SERVICED OR REPAIRED BY APPLICANT? If "YES", enter number and type(s) of other aircraft. | |
| 2. ARE AIRCRAFT OWNERS PERMITTED TO PERFORM ANY REPAIR SERVICE OR INSPECTION OF AIRCRAFT UNDER SUPERVISION? | |
| 3. HIGHEST VALUE OF AIRCRAFT MAINTAINED, SERVICED OR REPAIRED: $ | |
| 4. DOES THE APPLICANT PERFORM ENGINE OVERHAULS? | |
| 5. DOES THE APPLICANT PERFORM PROPELLER OVERHAULS? | |
| 6. DOES THE APPLICANT PERFORM MAJOR AIRFRAME STRUCTURAL REPAIRS? | |
| 7. DOES THE APPLICANT PERFORM AIRCRAFT PAINTING? | |
| 8. DOES THE APPLICANT PARTICIPATE IN THE NATIONAL AIR TRANSPORTATION ASSOCIATION (NATA) SAFETY FIRST PROGRAM? | |