



COMMERCIAL GENERAL LIABILITY INSURANCE APPLICATION

40 Stark Street | Manchester, NH | 03101 | O: 860-249-8066 | Web: www.king-insurance.com/aviation

Please complete all items on this form.

Name of Issuing Insurance Company: _____

Effective From: _____ to 12:01AM (date) _____ (standard time at the address of applicant.)

I. APPLICANT Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Bus. or Occupation: _____ # Years in Business: _____

Applicant is: [] Individual [] Corporation [] Partnership (Name all partners) [] Other (describe below)

Email: _____ Res. Phone: _____ Bus. Phone: _____

II. COMMERCIAL GENERAL LIABILITY

Name of Airport _____ Airport ID: _____

Airport is located in: City or County of _____ State: _____

Applicant Occupies: [] Portion [] Entire Airport Applicant is: [] Lessee [] Owner

OPERATIONS OF APPLICANT (Indicate all operations and estimated annual gross receipts) :

Table with 2 columns of operations and their estimated annual gross receipts. Operations include Fuel & Lubricants, Aircraft Repair, Tiedowns & Hangaring, Aircraft Charter, Landing Fees, Rental & Instruction, Sale of New Aircraft, Helicopter Repairs, Sale of Used Aircraft, Restaurant, Sale of Aircraft Parts, Auto Parking, and Other (Please Describe).

FUELING: On premises [] YES [] NO Done by applicant: [] YES [] NO

FUELING is by: [] Truck [] Gas pump [] Hydrant [] Gas pit [] Other

Annual Gallonage: Airline _____ gallons; General Aviation _____ gallons _____ gallons

Type of fuel sold: AVGAS Annual gallons: _____ JET A Annual gallons: _____

Fuel storage facilities: Underground _____ gallons; Above ground _____ gallons

TIE DOWN & HANGARING BY APPLICANT Are aircraft of others taxed, towed or moved by applicant? [] YES [] NO

Table for Tie Down & Hangaring by Applicant with columns for Number of Tiedown spaces, Highest value a/c, and Total value a/c, and rows for T-Hangars and Multiple a/c hangars.

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

(Indicate the number & type of vehicles maintained for use exclusively on the airport premises:

Fuel Trucks: _____ Sweepers: _____ Snow Removal: _____ Fire Engines: _____ Tugs: _____

Hydrant Carts _____ Pickup Trucks: _____ Passenger Cars: _____ Other: _____

State Number of: Elevators: _____ Escalators: _____ Moving Sidewalks: _____

State Number of Aircraft owned or operated by applicant: _____ Number of Helicopters: _____

CONTRACTS - Has applicant entered into any written agreements assuming the liability of others?

Such as lease or premises, fuel suppliers, equipment lease, etc? NO YES (please attach copies)

Does applicant use uniform customer contracts for hangaring, service, etc? NO YES (please attach copies)

LIABILITY COVERAGE - Please state limits of liability desired.

Single Limit Bodily Injury and Property Damage	\$ _____	Each Occurrence
Products/Completed Operations Aggregate Limit	\$ _____	Each Occurrence
Fire Damage Limit	\$ _____	Any One Fire
Personal and Advertising Injury Aggregate Limit	\$ _____	Each Occurrence
Premises Medical Payments	\$ _____	Each Person, \$ _____ Each Occurrence
Hangarkeeper's Liability Coverage	\$ _____	Each Aircraft, \$ _____ Each Occurrence
	Hangarkeepers Liability Deductible \$ _____	Each Aircraft

III. LOSS HISTORY AND PREVIOUS AVIATION INSURANCE

1. Has applicant had any aircraft/aviation losses/claims? No Yes- **Please describe all losses in detail below, include date, description, amount paid by insurance company.**

2. Has applicant had any airport/aviation losses/claims? No Yes- **Please describe all losses in detail below, include date, description, amount paid by insurance company.**

3. Has any insurer sent notice of cancellation or refused to renew any aviation insurance for applicant? No Yes- _____

4. Name of Last Current Insurance Company None _____ Exp. Date _____

NOTES: Please use this section for any added comments or explanations of the questions above. Please note section and question number.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-1-10, 36 S.S. 3613.1)

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

Signature(s) of Applicant(s) _____ Date: _____
_____ Date: _____