Chartis Aerospace
Insurance Services, Inc.

AVIATION GENERAL LIABILITY INSURANCE APPLICATION

CHARTIS

AIRCRAFT OPERATORS: PLEASE COMPLETE SEPARATE AIRCRAFT INSURANCE APPLICATION

Applicant's Name _____
Mailing Address _____
Name of Airport _____
Applicant is: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Other: _____
Type of Business is: ☐ FBO ☐ FAA Certified Repair Station ☐ Other: _____
Number of years in business _____ under this management _____ at this location _____ Number of employees _____

PREMISES

List all buildings, hangars, ramps and all other premises to be insured: _____

_____

Applicant occupies: ☐ All ☐ Part of Premises. Applicant is: ☐ Owner ☐ Tenant ☐ General Lessee of Premises.
Who is responsible for maintenance of these premises? _____
Applicant does ☐ does not ☐ have air shows, contests or exhibitions on premises.
List all autos and mobile equipment such as aircraft tugs or fuel trucks used solely on the airport premises _____

_____

Runways: ☐ Paved ☐ Unpaved Shortest runway is _____feet. Approach obstructions? ☐ No ☐ Yes
Describe runway obstructions: _____

PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)

Total Gross Receipts: $_____ (Last 12 months) $_____ (Estimated next 12 months)
Describe products and services: _____

_____

Types of aircraft worked on: _____
Applicant is a dealer or distributor for: _____
Professional Training Courses attended by your employees: _____
Are you a member of the Professional Aviation Maintenance Association (PAMA) or SAE International? _____
How many of your employees are PAMA or SAE certified? _____

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR REPAIR OF:

- Airframe & components: $ _____ Total _____% Fixed Wing _____% Rotorwing
- Engines & components: $ _____ Total _____% Fixed Wing _____% Rotorwing
  _____% Major overhauls
  _____% "Hot Section" repairs
- Avionics: $_____
- Propellers: $_____
- Rotorsystems: $_____

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS FOR:

- Airframe painting: $_____
- Sale of parts, not installed: New: $_____ Used: $_____
- Sale of fuel and oil _____ Gallons _____ Pumping Fees: $_____ Gallons: _____
- Does applicant fuel/defuel any airlines? ☐ No ☐ Yes. Type of Aircraft: _____
- Sale of aircraft (Piston): New: $_____ Used: $_____
- Sale of aircraft (Turbine): New: $_____ Used: $_____
- Sale of food/beverages (including vending machines/catering): $_____
- Sale of other items and services: $_____ Describe: _____
- Airline servicing (other than fuel): $_____ Describe: _____
- Sale of Avionics: $_____ De-icing Services: _____

Has applicant performed any engine or airframe modification work? ☐ No ☐ Yes Describe: _____

_____

Has applicant ever sold, serviced or repaired "ultra-light" or "homebuilt" aircraft? ☐ No ☐ Yes Describe: _____

CONTINUED ON REVERSE SIDE

HANGARKEEPER'S LIABILITY (AIRCRAFT IN APPLICANT'S CARE, CUSTODY OR CONTROL)

Average value any one aircraft $_____ Average Total all aircraft $_____ Average number _____

Maximum value any one aircraft $_____ Maximum Total all aircraft $_____ Average number _____

Maximum value in any one hangar $_____ Describe hangars _____

tied down $_____ Number of tie downs _____

Gross Receipts for next 12 months hangar rental $_____

tie downs $_____

towing $_____

Does applicant fly customer's aircraft? ☐ No ☐ Yes. List all purposes of use:_____

Largest type aircraft flown: _____ Maximum value $ _____

Does applicant maintain separate Non-Owned Aircraft Liability insurance? ☐ No ☐ Yes

CONSTRUCTION, DEMOLITION & ALTERATIONS

Projected contract costs for next 12 months:

• By applicant $_____ Describe:_____

• By independent contractors $_____ Describe: _____

CONTRACTUAL LIABILITY ("HOLD HARMLESS" AGREEMENTS/INDEMNIFICATION CLAUSES)

Does applicant assume liability of others? ☐ No ☐ Yes. Attach all contracts assuming liabilities of others. ☐ All attached.

CLAIMS HISTORY & FAR VIOLATIONS - LIST ALL CLAIMS AND FAR VIOLATIONS FOR PAST 10 YEARS

Date Amount (including all expenses) Cause/Violation

(attach separate sheet to fully complete)

COVERAGES & LIMITS REQUESTED

POLICY PERIOD: From: _____ until _____ both at 12:01 AM at the applicant's address on the front page.

COVERAGES	Limits of Insurance
Commercial General Liability Coverage	
General Aggregate Limit (other than Products/Completed Operations)	$_____
Products/Completed Operations Aggregate Limit	$_____
Personal and Advertising Injury Aggregate Limit	$_____
Each Occurrence Limit	$_____
Fire Damage Limit (any one fire)	$_____
Medical Expense Limit (any one person)	$_____
Hangarkeeper's Liability Coverage	
Each Aircraft Limit	$_____
Each Loss Limit	$_____
Deductible (each aircraft/each occurrence)	$_____

POLICY DEDUCTIBLE

Each Occurence $_____ Annual Aggregate $_____

Other coverages, restrictions, endorsements: _____

_____

_____

CURRENT INSURANCE

Name of Insurance Company: _____ Expiration Date: _____

Coverages: _____

Limits: _____Deductible: _____ Premium: $ _____

FRAUD WARNINGS

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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 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 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 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 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 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 MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

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 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, OR 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.

FRAUD WARNINGS CONTINUED

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 §3613.1).

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 TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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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.

X _____ _____

Applicant's Signature Today's Date

(Producer will fill in this information)

Producer _____

Address_____ City _____ State _____ Zip _____

Telephone No._____ Fax No. _____

Email Address _____