



Plimsoll Specialty Markets, LLC

# Application for Aviation General Liability Insurance

<b>Name of Applicant:</b>	
Address:	
Business of Applicant:	
Form of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Describe)	
Description and Location of premises to be insured:	
Applicant's interest in premises: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (Describe)	
Applicant's occupancy is: <input type="checkbox"/> Entire <input type="checkbox"/> Part (Describe)	
Description and location of other premises or facilities used on a permanent, occasional or temporary basis in conjunction with the premises or business described above:	
Premises manager's name:	
Manager's length of experience in aviation operations:	How long has the manager been employed by applicant?:

<b>Does the Applicant/Policyholder engage in:</b>	<b>If applicable, please provide annual sales receipts for:</b>		
	Last Year (Actual)	This Year (Estimated/Actual)	Next Year (Estimated)
<b>Fueling Operations</b>			
Sale of Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Sale of Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Oil Company Training (if so, how often and where)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NATA Safety First Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Airline (except Regional – Regional Gallons (if any) should be included above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Fuel storage, wholesaling or flowage arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Operation or ownership of fuel trucks, tanks or fuel hydrant system	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<b>De-icing</b>			
Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Non - Airline Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<b>Airline Servicing</b>			
Security & Screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Caterers & Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Baggage Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Cargo	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<b>Aircraft Products/Completed Ops</b>			
Sale of New Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Sale of Used Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Sale of Parts (not installed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
If Yes, Manufacturer New Parts Only	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Yellow Tagged or After Market	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Fixed Wing Turbine Repair and Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Fixed Wing Piston Repair and Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Airline Repair and Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Rotor-Wing Repair and Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Experimental Fixed Wing or Rotor-Wing Repair and Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Avionic Repair and Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Manufacture of any Products <b>If YES</b> , provide details				
<b>Hangaring of Aircraft</b>				
Rental or Lease of Hangars or Tie Downs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
NATA Safety First Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Do you have Hangar Lease Agreement with your Tenants? If so, please provide a copy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Does it hold Applicants Harmless for damages in excess of at least \$100K	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Does it hold Applicants Harmless for Diminution of Value and Loss of Use/Loss of Profits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Wood Frame Hanger	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Sloped Ramp Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Lektro Tugs Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Ramp Surveillance Video	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Hangar Surveillance Video	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Lineman Audio Headsets	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Average length of employment for lineman				
SOP 3 Wing Walkers and Tug	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Towing, Moving, or Parking of Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
Max Value of Aircraft in Applicants' Care, Custody or Control at any one time.	\$			
Total Value of all Aircraft	\$			
<b>Premises</b> - If "yes," describe				
Rental or Lease to Others of Land or Buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rental of Premises to Others for Retail Stores or Services	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Non-Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Non-Aviation Activities On or Off Airport Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operation of UNICOM	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operation of control tower?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ownership and/or maintenance of nav aids, windshear detectors, or aviation communications equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Ownership or use of runway anti-skid or deicing equipment, or icing/runway temperature/chemical mix monitoring systems, or breaking action measurement equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Are non-owned aircraft used on applicant's business, either chartered or piloted by applicant's employees?  Yes  No  
 If "Yes," describe usage or attach non-owned aircraft application:

Do you use or anticipate using any non-owned aircraft with 25 or more seats?  Yes  No

**Does applicant sponsor or participate in any airshows, contests or exhibitions?**

Yes  No If "Yes", please describe:

Who provides airshow insurance?

Is applicant an insured under the airshow policy?

Yes

No

What coverages and limits are provided?

Is applicant responsible for inspection and maintenance of ramps, taxiways or runways?  Yes  No If "Yes", please describe:

Who is responsible for snow removal (if applicable)?

**Describe all vehicles (including mobile equipment and automobiles) operated by the applicant on airport premises. Indicate which have coverage on the applicant's auto policy.**

Vehicle	Auto coverage?	Vehicle	Auto coverage?	Vehicle	Auto coverage?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the applicant's auto insurance policy have any restrictions on vehicle operations on airports?

Yes  No

Are any of the applicant's vehicles or mobile equipment which are not covered on the applicant's auto insurance operated off the applicant's premise?

Yes  No

Is there a training or licensing program for drivers operating in aircraft movement areas?

Yes  No

Who owns fuel tank farms?

Who is responsible for their operation and maintenance?

Who is responsible for fuel testing and quality assurance?

Is there a formal training program in fuel handling and aircraft fueling procedures?  Yes  No If "Yes", please describe:

Fuel tanks are located :

Above ground

Name of Underground Storage Tank (UST) insurance company:

Below ground

Name of Environmental Impairment Liability insurance company:

Are there any active, inactive or abandoned dumps, landfills, or aircraft salvage yards on, adjacent to, or near premises?

Yes

No

If "Yes", describe:

Do the applicant's premises contain:			Quantity	Maintained by
Elevators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Escalators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Moving sidewalks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Electric doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Passenger trams?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

During the next 12 months will the applicant be involved in:			If applicable, estimated costs of work performed by:	
			Applicant	Contractor
New construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
Structural alterations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$

Insurance requirements for sub-tenants, vendors and other parties:					
	Minimum liability limits you require them to carry:	Are you an additional insured under their policy?		Are you "held harmless" in your contract with them?	
Fuel supplier	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of fuel supplier:					
Contractors	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food/Liquor services	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sub-tenants	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other vendors (including security, parking and janitorial services)	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach samples of applicant's standard agreements or contracts with the sub-tenants or other parties					
Does applicant require all tenants and vendors to show proof of insurance (as appropriate)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are certificates of insurance maintained on file by applicant?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant signed any agreements assuming liability of others?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", attach copies of agreements.					

Is there any other pertinent information, or any potential changes in exposure which materially affect this risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", describe:	

General Liability insurance now in effect:	
Carrier:	Expiration Date:
Coverages, limits and deductibles:	
Number of years applicant has been insured by current insurance company:	

Workers' Compensation insurance now in effect:	
Insurance company:	Expiration Date:



Are any alternate quotes requested for:  Coverages?  Limits?  Deductibles? If so, describe:

Name of agent or broker:

Address:

Broker  Agent

Are you the holding producer?  Yes  No

If "Yes", for how many years?

**USE BELOW SPACE IF NEEDED TO PROVIDE ADDITIONAL INFORMATION:**

**Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.**

**ARKANSAS AND LOUISIANA FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO FRAUD WARNING:** 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 agencies.

**DISTRICT OF COLUMBIA FRAUD WARNING:** 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.

**FLORIDA FRAUD WARNING:** 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 of the third degree.

**KENTUCKY FRAUD WARNING:** 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.

**MAINE FRAUD WARNING:** 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.

**NEW JERSEY FRAUD WARNING:** Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK FRAUD WARNING:** 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 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 violation.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that such person 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.

**OKLAHOMA FRAUD WARNING:** 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.

**OREGON FRAUD WARNING:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

**PENNSYLVANIA FRAUD WARNING:** 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.

**TENNESSEE AND VIRGINIA FRAUD WARNING:** 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.

**All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/We agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between Me/Us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.**

Date: \_\_\_\_\_ Applicant's signature and title: \_\_\_\_\_

**THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THIS INSURANCE.**