



**Worldwide Facilities, Inc.**

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

**AVIATION OPERATIONS LIABILITY APPLICATION**

This Application does not commit the Insurer identified above to any liability nor make the Applicant liable for any premium unless and until ACE Property and Casualty Insurance Company specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by ACE Property and Casualty Insurance Company.

**EACH ITEM MUST BE ANSWERED ACCURATELY AND IN DETAIL.**

1. Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your Web address: \_\_\_\_\_

APPLICANT IS: \_\_\_\_\_ Corporation\*      \_\_\_\_\_ Partnership\*  
                  \_\_\_\_\_ Municipality

\* If Corporation or Partnership give names of Officers or Partners, list below.

\_\_\_\_\_  
\_\_\_\_\_

2. Coverage to be effective from: \_\_\_\_\_ to: \_\_\_\_\_  
Both days at 12:01 a.m. Standard time at address of Applicant.

3. Name and Location of Airport(s) at which you perform "aviation operations"<sup>1</sup>  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Airport Identifiers: \_\_\_\_\_

4. Interest of applicant in Airport:                       Owner       General Lessee       Tenant

5. Is a Fire Station on premises? If not who responds and how far away is the responder located?  
\_\_\_\_\_

6. Describe your "aviation operations" and attach your company brochure:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> "Aviation operations" means your operations: 1) involving aircraft or any parts or equipment relating to aircraft; or 2) at any airport, airfield or heliport; or 3) at any other location in connection with your business of transporting goods or passengers by air; or 4) involving the supply of goods and services to others a) in connection with the use and/or operation of aircraft or b) involved in the air transportation industry.

7. A) How many years have you been in business under this name? \_\_\_\_\_
- B) If less than 10 years describe your previous experience over the past 10 years. \_\_\_\_\_  
 \_\_\_\_\_
- C) Have you been in business under other names, and, if so, what names, locations and time periods? Describe your experiences in business under these other names. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Who are your prime customers and what percentage of your gross revenues does each represent?

<u>Customer</u>	<u>Percent of Gross Revenue</u>
_____	_____
_____	_____
_____	_____

9. ATTACH A COPY OF YOUR CONTRACT WITH EACH OF YOUR CUSTOMERS.

10. Do you engage directly in any of the following operations?

		<u>Current Year Annual Rcpts</u>	<u>Next Year Annual Rcpts</u>
a) Sale of Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
b) Aircraft Repairs & Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
c) Aircraft Parts Sold but not serviced	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
d) Ground Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

If you are involved in ground handling:

i) Have you applied for certification as a Qualified Anti Terrorism Technology (QATT) Under the "Safety" Act?  Yes  No

ii) Have you been certified as a QATT, and if so attach a copy of the certification.  Yes  No

iii) Have you applied for Government Contractor Defense (GCD) under the "Safety" Act?  Yes  No

iv) Have you been granted GCD status under the "Safety" Act, and if so attach a copy of the certification.  Yes  No

e) Cargo/Baggage Handling  Yes  No \_\_\_\_\_

If you are involved in cargo/baggage handling:

i) Have you applied for certification as a Qualified Anti Terrorism Technology (QATT) Under the "Safety" Act?  Yes  No

ii) Have you been certified as a QATT, and if so attach a copy of the certification.  Yes  No

iii) Have you applied for Government Contractor Defense (GCD) under the "Safety" Act?  Yes  No

iv) Have you been granted GCD status under the "Safety" Act, and if so attach a copy of the certification.  Yes  No

f) Skycap  Yes  No \_\_\_\_\_

g) Wheelchair  Yes  No \_\_\_\_\_

h) Janitorial  Yes  No \_\_\_\_\_

i) Planemate Operation  Yes  No \_\_\_\_\_

j) Security Screening  Yes  No \_\_\_\_\_

If you are involved in security screening:

i) Have you applied for certification as a Qualified Anti Terrorism Technology (QATT) Under the "Safety" Act?  Yes  No

ii) Have you been certified as a QATT, and if so attach a copy of the certification.  Yes  No

iii) Have you applied for Government Contractor Defense (GCD) under the "Safety" Act?  Yes  No

iv) Have you been granted GCD status under the "Safety" Act, and if so attach a copy of the certification.  Yes  No

k) Restaurant Operations  Yes  No \_\_\_\_\_

l) Passenger Shuttle Bus or Van Operations  Yes  No \_\_\_\_\_

m) Other (please describe): \_\_\_\_\_  Yes  No \_\_\_\_\_

n) Are you planning to change any of your historical operations (Describe below)  Yes  No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. a) When does your fiscal year start? \_\_\_\_\_

b) What were your full-time and part-time employee counts at the end of each of your prior 3 fiscal years?

	<u>Past Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
Ending Period:	_____	_____	_____
No. of Employees	_____	_____	_____

c) Provide a payroll breakdown by job description.

	<u>Description</u>	<u>Annual Payroll</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. a) What was the date of your last audited financial statement? \_\_\_\_\_  
 b) What were your net assets at your last audited financial statement? \_\_\_\_\_  
 c) What were your annual net revenues at the same date as in 12.b) above? \_\_\_\_\_  
 d) **Attach a copy of the audited financial statement to which you refer.**

13. FUELING:  On Premises?  Yes  No  Done by Applicant?  Yes  No If Yes, complete:

Fueling is by:  Truck  Hydrant  Gas pump  Gas pit  Other \_\_\_\_\_

Fuel Storage Facilities: Underground \_\_\_\_\_ gallons  
 Above ground \_\_\_\_\_ gallons

Does Applicant refuel / defuel any scheduled airlines?  Yes  No

If yes, describe type aircraft and number fueled per day. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your annual gross receipts for fueling? A) Airline \_\_\_\_\_  
 B) Gen. Aviation \_\_\_\_\_

14. Tie Down & Hangaring by Applicant:  Yes  No If yes, complete the following:

Do you rent hangars or tie-downs directly to the aircraft owners or to fixed base operators, who in turn rent to aircraft owners?  Owners  FBO's

Are Aircraft of others taxed or moved by Applicant?  Yes  No

Who provides tie down ropes / chains, etc.? \_\_\_\_\_

Number of:  
 Tied down Spaces \_\_\_\_\_ T-hangars \_\_\_\_\_ Multiple aircraft hangars \_\_\_\_\_

Number of Aircraft:  
 Tied down \_\_\_\_\_ In T-hangars \_\_\_\_\_ In multiple aircraft hangars \_\_\_\_\_

Highest Value Aircraft:  
 Tied down \$ \_\_\_\_\_ In T-hangars \$ \_\_\_\_\_ In multiple aircraft hangars \$ \_\_\_\_\_

Total Value all Aircraft:  
 Tied down \$ \_\_\_\_\_ In T-hangars \$ \_\_\_\_\_ In multiple aircraft hangars \$ \_\_\_\_\_

Number of: Ultra-light Aircraft \_\_\_\_\_ Helicopters \_\_\_\_\_

15. a) Does Applicant charge for Automobile Parking?  Yes  No  
 If yes, give area: \_\_\_\_\_
- b) Is Automobile Parking contracted to others? If so, who?  Yes  No  
 \_\_\_\_\_

16. Estimated Structural Alterations:

	Runways/Taxiways	All Other
a) By Independent Contractors – cost next 12 months	\$ _____	\$ _____
b) By Applicant – cost next 21 months	\$ _____	\$ _____

17. Does Applicant own, operate or maintain any of the following:

	Number	Who Owns?	Operates?	Maintains?
a) Elevators	_____	_____	_____	_____
b) Escalators	_____	_____	_____	_____
c) Moving Sidewalks	_____	_____	_____	_____
d) Fuel Trucks	_____	_____	_____	_____
e) Movers	_____	_____	_____	_____
f) Snow Removal	_____	_____	_____	_____
g) Pick Up Trucks	_____	_____	_____	_____
h) Fire Engine	_____	_____	_____	_____
i) Passenger Cars	_____	_____	_____	_____
j) Tugs	_____	_____	_____	_____
k) Fixed Wing Aircraft owned by Applicant	_____	_____	_____	_____
l) Helicopters owned by Applicant	_____	_____	_____	_____
m) Other Mobile Equipment	_____	_____	_____	_____
n) Other	_____	_____	_____	_____

18. Does Applicant own, operate or maintain any navigational aids or unicorn?  Yes  No  
 If yes, describe \_\_\_\_\_

19. Have you had any liability claims from your aviation operations during the current policy period or during the prior 5 years thereto? If yes, please provide details.  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach copies of insurers' loss runs for the current policy period and prior 5 years.**

20. COVERAGE TO BE QUOTED:
- Single Limit Bodily Injury and Property Damage Liability Combined \$ \_\_\_\_\_  
 each occurrence and annual aggregate as respects Products-Completed Operations Liability.  
 Personal Injury and Malpractice are included separately for a sublimit of not more than \$25,000,000  
 any one offense/aggregate over the primary and excess policies combined.
- Premises Medical Expenses Limit Any One Person \$ \_\_\_\_\_
- Fire Damage Limit any One Fire \$ \_\_\_\_\_
- Hangarkeepers Limit Any One Occurrence \$ \_\_\_\_\_
- Hangarkeepers Limit Any One Aircraft \$ \_\_\_\_\_

21. PRESENT COVERAGES: Airport Owners and Operators General Liability
- a) Present Carrier \_\_\_\_\_
  - b) Limits of Liability \_\_\_\_\_
  - c) Deductible \_\_\_\_\_
  - d) Expiration Date \_\_\_\_\_

e) During the last year, no insurer has cancelled or refused to renew the Applicant's airport owners and operators general liability insurance except:

\_\_\_\_\_

\_\_\_\_\_

(State "No Exception" or name insurer, date and reason)

REMARKS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All particulars herein are warranted 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.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Applicant's Signature (Must be an Executive Officer)

**NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent Claim for payment for 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 Agencies.**

**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 of the third degree.**

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent Claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or 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 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 civil fines and criminal 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 the 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 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.

**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 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 ALL APPLICANTS:**

Any person who knowingly and with intent to defraud an 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.

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.

The following must be completed by your Agent or Broker before this Application can be accepted or a Policy can be issued:

Name/Address of Agent or Broker: \_\_\_\_\_  
\_\_\_\_\_

Are you licensed in the state where the Insured is located as: \_\_\_\_\_ Surplus Lines Broker  
\_\_\_\_\_ Agent

Is an Agent of ACE Property and Casualty Insurance Company located in the state where the Insured is located?  Yes  No

This portion of the application must be signed by an authorized representative of the Applicant

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
Corporation: \_\_\_\_\_  
Date: \_\_\_\_\_

A POLICY CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.