



Worldwide Facilities, Inc.

Airport General Liability Insurance Application

Please complete all information and sign and date at bottom for each location.
This document does not provide any coverage or amend any existing coverage.

1. GENERAL INFORMATION

Applicant's Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Work: _____
Web Address: _____
Applicant's Business Is: _____
Current Insurance Carrier: _____
Current Coverage Expires: _____

Check all that apply below:

- Applicant is Owner
- Applicant is Corporation
- Applicant is Partnership
- Applicant is Municipality
- No Insurance Ever Cancelled
- No Insurance Ever Denied
- No Open Claims/Litigation

List Principal Owner(s) / Partner(s): _____

2. LIABILITY COVERAGE OPTIONS AND LIMITS DESIRED (please complete using N/A when not applicable)

Type Coverage	Desired Limit	Remarks
Premises and Operations Liability:	\$ _____ Each Occurrence: _____	
Products and Completed Operations Liability:	\$ _____ Each Occurrence: _____	Aggregate: _____
Ground Hangarkeepers Liability:	\$ _____ Each Aircraft (deductibles apply)	\$_____ Each Occurrence
Premises Medical Payments:	\$ _____ Each Person	

3. OPERATIONS: (please complete using N/A when not applicable)

Repair Type Services	GROSS RECEIPTS		Sales Related Services	GROSS RECEIPTS	
	Current Year	Next Year		Current Year	Next Year
Aircraft Interiors:	\$ _____	\$ _____	Fuel & Lubricants:	\$ _____	\$ _____
Aircraft Painting:	\$ _____	\$ _____	New Aircraft Sales:	\$ _____	\$ _____
Aircraft Parts (not installed):	\$ _____	\$ _____	Other (specify)_____:	\$ _____	\$ _____
Aircraft Rental / Instruction:	\$ _____	\$ _____	Parts Overhaul / Repairs:	\$ _____	\$ _____
Avionics Overhaul / Repairs:	\$ _____	\$ _____	Propeller Overhaul / Repairs:	\$ _____	\$ _____
Avionics Sales (not Installed):	\$ _____	\$ _____	Rotor Wing Aircraft Repair:	\$ _____	\$ _____

OPERATIONS Continued : (please complete using N/A when not applicable)

GROSS RECEIPTS				GROSS RECEIPTS					
Engine Overhaul / Repairs:	\$	_____	\$	_____	Tie Down & Hangaring:	\$	_____	\$	_____
Fixed Wing Aircraft Repair:	\$	_____	\$	_____	Used Aircraft Sales:	\$	_____	\$	_____
Food Concessions / Restaurant:	\$	_____	\$	_____					

Other information:

- | | | | |
|---|--|----------------------------------|--|
| Any Airline Fueling or Maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any New Aircraft Sales? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Piston Aircraft/Engine Maintenance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Claims within past 5 Years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Avionics Repair/Sales? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any Claims within past 10 Years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Manufacturing Exposures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

4. FUELING OPERATIONS

- Fueling performed by applicant: Yes No Fuel storage: Above Ground Underground Annual AVGAS Gallons: _____
- Fueling facility: Truck Hydrant Stationary Pumps Own or Lease Fuel Trucks: Yes No Annual JET Gallons: _____
- Type(s) of fuel sold: AVGAS JET AUTO Own and/or Manage Fuel Farm: Yes No Annual AUTO Gallons: _____
- Type of training provided line service employees: _____

5. TIE DOWN & HANGARING

- Applicant moves aircraft: Yes No Average value of aircraft in your care: \$ _____ Average no. aircraft tied out: _____
- Applicant ties or hangars aircraft: Yes No Highest value of aircraft in your care: \$ _____ Average no. aircraft hangared: _____
- Wingwalkers used to move aircraft: Yes No Daily mobile equipment inspections: Yes No Recurrent training: Yes No
- Number and types of mobile equipment used: _____

6. RAMP ACCESS and VEHICLES (other than mobile equipment)

- Ramp access for customer vehicles: Yes No Average value vehicle in your care: \$ _____ Control ramp access: Yes No
- Storing of customer vehicles: Yes No Average number vehicles in your care: _____
- Courtesy vehicles provided: Yes No Cargo ops on ramp (UPS, etc.): Yes No

7. ADDITIONAL INFORMATION

- a. Years in Business: _____ Total no. of employees: _____ Total no. of locations: _____
- b. Applicant's facilities are located at: International Airport Large Regional Airport Small Muni. Airport Private Airport
- c. Airport is maintained by: _____
- d. Emergency vehicles/personnel located on field: Fire Medical Hazmat Police/Security
- e. Airport elevation: _____ ft. Airport's longest paved and lighted runway: _____ ft. Control Tower: Yes No
Hours of Operation: _____
- f. Airport Manager is Applicant: Yes No – Explain: _____
- g. Airport Manager is available 24-hours 7-days a week: Yes No – Explain: _____
- h. Applicant is responsible for the maintenance of navigation aids: Yes No

- i. Premises are: Owned / Leased from: _____ Rented from: _____
- j. Premises/facilities are maintained by: _____
- k. Ramp/parking area is paved and clear of obstructions and/or construction: Yes No
- l. Ramp/parking is shared by other FBO/commercial operators: Yes No
- m. Ramp/parking is well lighted and has easy and clear access from taxiways and/or runways: Yes No
- n. Does private or municipal security personnel routinely patrol premises?: Yes No
- o. Is fire suppression equipment available? (YES-describe below): Yes No
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Description of Applicant's Premises (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Catering Department | <input type="checkbox"/> Maintenance Hangar | <input type="checkbox"/> Pilot's Lounge |
| <input type="checkbox"/> Flight Department | <input type="checkbox"/> Offices (Number: _____) | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Flight Planning Area/Services | <input type="checkbox"/> Paint Bay | <input type="checkbox"/> Small T-Hangars (Number: _____) |
| <input type="checkbox"/> Interior Shop | <input type="checkbox"/> Parts Department | <input type="checkbox"/> Tie Downs (Number: _____) |
| <input type="checkbox"/> Large Hangars (Number: _____) | <input type="checkbox"/> Passenger Lounge | <input type="checkbox"/> Transient Aircraft Parking Area |
- Number of Elevators on Premises: _____ Number of moving sidewalks on Premises: _____

8. 5-YEAR LOSS HISTORY (attach loss runs if available)

FRAUD WARNINGS

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 D.C. 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 insurance company 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 purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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 COMMERCIAL INSURANCE 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing a false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

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 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 PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: WARNING: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE 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 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 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 ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HERE OF.

I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; 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; 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.

Applicant: _____ **Title:** _____

Applicant's Signature: _____ **Date:** _____

Producer: _____

State / License No.: _____ / _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____ - - **Fax:** _____ - -