

BULLOCK AGENCY, INC.

1433 Lancaster Ave. • St. Charles, IL 60174 • 630-377-9499

Airport Insurance Application Fixed Base Operators

General Information

Applicant: _____

Contact: _____ Phone: _____ Email: _____

Address: _____

Applicant is: Individual Corporation Partnership Other

Description of Operations: _____

Insurance is Request From: _____ To: _____

Name of Airport: _____ Located: _____ Miles: _____ Of: _____

Does Applicant occupy the entire airport? _____ If No, What portion is occupied by applicant _____

Operations of Applicant: *Identify all operations performed and their estimated gross receipts for next 12 months*

Aircraft Repair/Service \$ _____ Propeller Repair/Overhaul \$ _____

Fuel & Lubricants \$ _____ Aircraft Charter \$ _____

Engine Overhaul \$ _____ Rental & Instruction \$ _____

New Aircraft \$ _____ Helicopter Repair/Service \$ _____

Used Aircraft \$ _____ Auto Parking \$ _____

Aircraft Parts (not Install) \$ _____ Aircraft Painting \$ _____

Tiedowns & Hangaring \$ _____ Restaurant \$ _____

List all other sources and receipts- use separate sheet if necessary \$ _____

Limits of Liability:

Liability Coverage State Limits desired	Limit
Premises and Operations Liability	\$ _____
Products and Completed Operations Liability	\$ _____
Ground Hangarkeepers Liability	\$ _____
Medical Payments	\$ _____
Other (Specify)	\$ _____

Fueling: On Premises No Yes Done by Applicant No Yes Fueling is by Truck Hydrant Gas Pump Gas Pit

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

Type of fuel sold: AVGAS JET FUEL AUTO GAS

Fuel Storage Facilities: Underground _____ gallons; Above ground _____ gallons.

Annual Gallonage of Turbine Engine Fuel: _____ gallons

Are static lines attached during all refueling operations? _____ Are U.L. approved fire extinguishers carried? _____

Tie Down and Hangaring by Applicant- Are aircraft of other taxed, towed or moved by applicant No Yes

Are any aircraft tied-out? _____ Description of Storage Hangars _____

Average value of any one aircraft in custody of applicant: _____

Maximum value of any one aircraft: \$ _____

Average value of all aircraft in custody of applicant _____ Maximum Value of all aircraft _____

Contracts- Has applicant entered into written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc? No Yes (attach copies)

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Construction by Independent Contractors- show the estimated cost for all construction projects expected during the next 12 months.

Runways and Taxiways (describe) _____ \$ _____
All other projects (describe) _____ \$ _____

Airport Description

Elevation is (ft) _____ Longest runway is (ft) _____
Number of aircraft based at airport: Airline _____ General _____ Military _____
Runway Construction: concrete turf gravel blacktop other _____ Are runways lit No Yes
Is aircraft traffic controlled? No Yes- by Tower Unicom- Operated by: _____
Is there an airport manager? No Yes Employed by: _____
Is manager on airport premises during hours of operation? No Yes Hours of operation _____ to _____
Fire Station located at airport? No Yes If no it is _____ miles from airport.
Is airport fenced? No Yes Who maintains the airport? _____
Is applicant Owner or General lessee?- If so, complete the following and enclose a map or FAA Form 29-A.
If applicant is General Lessee or Airport Owner, are any ultralight, parachuting or agricultural activities conducted on premises? No Yes If Yes, explain _____
Airport Manager is: Employee of applicant Independent Contractor (furnish copy of contact)
Are there any recreational facilities or other non-aviation use of airport premises? No Yes (describe) _____

List airlines and scheduled air taxis that will serve this airport during the next three years: _____

Total Estimated Arrival & Departures	Present Year	Next Year (Est)	Following Year (Est)
Revenue Passengers	_____	_____	_____
Airline Aircraft	_____	_____	_____
General Aviation Aircraft	_____	_____	_____
Military Aircraft	_____	_____	_____

Applicant's Vehicles, Elevators and Aircraft

Indicate the number and 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 _____
How many aircraft are owned or operated by applicant: Fixed Wing _____ Helicopters _____

Loss History and Previous Aviation Insurance-

 Explain each "Yes" answer

Has applicant had any airport/aviation losses or claims during the last five years? No Yes _____

Has any insurer cancelled, declined or refused to renew any airport / aviation insurance No Yes _____

Name of last or present airport / aviation insurance company _____

All Particulars herein are warranted true and completed 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 bases of any contract between me/us and the Insurer. I/we hereby authorize this Company to investigate all or any qualification or statements contained herein.

Applicant Signature _____ Date _____