



Airport Liability Application Form

Allianz Global Corporate & Specialty®
Allianz Global Risks US Insurance Company
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Toronto, ON M5H 3P5
Fax 416-849-4555

Name of Insured: _____

Address: _____

Telephone number _____
Street City Province Postal Code
 Fax number _____ Email address _____

Current Insurer: _____ Expiry Date: _____

Transport Canada Designator/Name of airport _____

Legal address of the Airport _____

Please attach where possible a map of the airport

| Runway (list each one) | Construction (Paved, Gravel, Grass) | Length | Width | Are runways |
|------------------------|--|--------|-------|--|
| 1) | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2) | | | | <input type="checkbox"/> yes <input type="checkbox"/> no |

| <i>Questionnaire</i> | Yes | No | |
|--|--------------------------|--------------------------|--|
| How long has airport been in existents? | | | Years _____ |
| Revenue generated from use of Airport | | | Tie downs \$ _____ Hangars \$ _____ Other \$ _____ |
| Air traffic is controlled by | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Tower <input type="checkbox"/> Unicom – operated by _____ |
| Is there an airport manager? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, then who employs the manager? _____ |
| Who maintains the airport? | | | <input type="checkbox"/> Applicant or <input type="checkbox"/> Name _____ |
| Is the airport fenced? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a fire station located at the airport? | <input type="checkbox"/> | <input type="checkbox"/> | If no, how many miles from the airport? _____ miles |
| Is there emergency equipment located at the airport? | <input type="checkbox"/> | <input type="checkbox"/> | List _____ |
| Does the Applicant maintain an air crash emergency plan? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the airport used at night? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the airport used during the winter months? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes to winter use, do you provide snow clearing maintenance? | <input type="checkbox"/> | <input type="checkbox"/> | If no, who does? _____ Do you require the contractor to carry insurance? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you provide grass cutting and general maintenance at the airport? | <input type="checkbox"/> | <input type="checkbox"/> | If no, who does? _____ Do you require the contractor to carry insurance? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you provide general maintenance at the airport? | | | If no, who does? _____ Do you require the contractor to carry insurance? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are any parachuting operations at the airport? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are any Non Aviation Activities or facilities at the airport? | <input type="checkbox"/> | <input type="checkbox"/> | Please describe _____ |
| Do you host any or sponsor any Airshow. Airmeets? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please provide full details. _____ |

Questionnaire cont'd

Do any scheduled commercial aircraft use the airport? Yes No

If yes, please name the commercial operator
 1) _____
 2) _____

Number of Annual Movements _____

Commercial aircraft _____
 Private aircraft _____
 Helicopters _____

How many aircraft are based at the airport? _____

State number _____

Do you expect to do any construction work at the airport in the next 12 months? Yes No

Describe _____

Please provide details of the Hangars or Buildings located at your airport.

| Location - state all Locations | Age | Size | Construction | Heating | Sprinklers |
|--------------------------------|-----|------|--------------|---------|------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |

List the occupants of the hangars or buildings listed above

| |
|----|
| 1) |
| 2) |
| 3) |
| 4) |

Do you require that the tenants carry liability insurance for the use of the hangar or buildings? - yes no

Do you require and obtain a hold harmless from your tenants? - yes no

Hangarkeepers Coverage. If you are responsible for any aircraft tied down or hangared at your airport please complete the following.

State number of aircraft in your care custody or control _____

| | Average | | Maximum | |
|------------------------|----------------------|-----------|----------|-----------|
| | Hangared \$ & number | Tied Down | Hangared | Tied Down |
| Value any one aircraft | \$ # | \$ # | \$ # | \$ # |
| Value of all aircraft | \$ # | \$ # | \$ # | \$ # |

Are you responsible for moving other peoples' aircraft? Yes No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care custody and control? Yes No

If yes please attach a copy of the standard agreement.

Ramp Services – If you provide any ramp services please complete the following.

If you provide services to third party aircraft for the preparation of a flight or arrival of a flight please complete the following details

| Type of Operation | Yes | No | Past 12 months | Estimated for next 12 months |
|---------------------------------|-----|----|---------------------|------------------------------|
| Loading or unloading of baggage | | | \$ | \$ |
| Loading or unloading of cargo | | | \$ | \$ |
| Marshalling | | | \$ | \$ |
| Deicing | | | \$ | \$ |
| Towing | | | \$ | \$ |
| Power Starts | | | \$ | \$ |
| Fuelling Av Gas | | | \$ Litres pumped | \$ Litres pumped |
| Fuelling Jet Fuel | | | \$ Litres pumped | \$ Litres pumped |
| Grooming | | | \$ | \$ |
| Other, describe | | | \$ | \$ |

| Coverages Required | | Limit Each Occurrence | Alternate Limits |
|--|---|-----------------------|------------------|
| 1 - Airport of Premises, Property & Operations | Limit Each Occurrence | \$ | \$ |
| 2 - Hangarkeepers | Limit Per Aircraft | \$ | \$ |
| | Limit Per Occurrence | \$ | \$ |
| 3 - Products | Limit Per Occurrence & in the Aggregate | \$ | \$ |

Loss and Violation History

Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss.

Coverages Required:

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/we agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and Allianz Global Risks US Insurance Company.

Date _____ Applicant's Signature _____

Brokers Name _____ Phone Number _____ Fax Number _____