

AIRPORT LIABILITY APPLICATION



Wenk Aviation Insurance, LLC
900 North Shore Drive, Suite 109, Lake Bluff, IL 60044
Phone: (847) 235-2491 Fax: (847) 235-2559

INSURED

**Coverage requested for period beginning:
Carrier providing coverage:**

Name of applicant:

Address:

Applicant is Individual Corporation Partnership

In business how many years? _____

Name of Airport:

Location of Airport:

Applicant is: Tenant General Lessee Airport Owner

Applicant occupies: entire portion of airport

PREMISES

Airport Description:

Airport I.D.: _____ Longest runway is _____ ft. long Surface: Paved Sod

Airport is/has: Public Private Fenced Lights Control Tower Airport Manager

Who is responsible for maintaining airport?

Any obstructions at airport? (Describe) _____

Fire station located on premises? Yes NoIf "no", it is _____ miles from airport

Estimated number of aircraft movements this year for:

General Aviation _____ Glider _____

Sport Parachuting _____

Limits Requested:

\$ _____ each occurrence / \$ _____ aggregate (if applicable)

Premises Medical Payment:

\$ _____ per person \$ _____ per occurrence

PRODUCTS/COMPLETED OPERATIONS

Does Insured fuel aircraft? Yes No If yes, by truck by pump

Does Insured perform overhauls? Yes No If yes, are components sent out? Yes No

Does Insured perform service/repair on: piston aircraft? Yes No

turbine aircraft? Yes No

Describe repairs/service: _____

Does insured buy, rebuild, and/or sell used aircraft? _____

ANNUAL RECEIPTS:

Repairs/Service	\$	Used Aircraft	\$
Parts not installed	\$	Overhauls	\$
Other (Please Describe)	\$	Fuel & Oil	\$

Limits Requested:

\$ _____ each occurrence / \$ _____ aggregate

\$ _____ per person (if applicable)

PLEASE REVIEW, COMPLETE, SIGN AND RETURN BOTH PAGES

GROUND HANGARKEEPERS (for aircraft of others stored/taxied/towed by insured)	
Are aircraft of others taxied, towed or moved by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any aircraft tied out? <input type="checkbox"/> Yes <input type="checkbox"/> No Average number: _____	
Type of tie down facility: _____	
Hangar #1 dimensions: _____ ft x _____ ft (_____ sq. ft.) Use: _____ (i.e. personal a/c storage, maintenance, office, etc.)	Hangar #2 dimensions: _____ ft x _____ ft (_____ sq. ft.) Use: _____ (i.e. personal a/c storage, maintenance, office, etc.)
Limits Requested: Deductible \$ _____.	
Maximum value of any one aircraft in care & custody of the applicant: \$ _____.	
Total value of all aircraft in care & custody of the applicant: \$ _____.	

INFLIGHT HANGARKEEPERS (Non-owned hull for aircraft of others flown by insured)
Coverage needed for which of the following? <input type="checkbox"/> Single engine <input type="checkbox"/> Multi engine <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Jet
Limit Requested: \$ _____ per aircraft

NON-OWNED LIABILITY (for aircraft of others flown by insured)
Coverage needed for up to _____ total seats
Limit Requested: \$ _____ per occurrence

CONTRACTUAL LIABILITY ("Hold Harmless" Agreements)
Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.? <input type="checkbox"/> Yes (attach copies) <input type="checkbox"/> No
Does applicant use uniform customer contracts for hangaring, service, etc.? <input type="checkbox"/> Yes (attach copies) <input type="checkbox"/> No

LOSSES If none, state "NONE"

NOTES

ADDITIONAL INSURED	
Name: _____	Name: _____
Attention: _____	Attention: _____
Address: _____	Address: _____

All information herein is warranted to be true to the best of my knowledge and no information has been suppressed or withheld, and no insurer has canceled or refused to renew this insurance. I understand that 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.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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. In some jurisdictions, insurance fraud may also be subject to substantial civil penalties.

_____ (Applicant Signature) _____ (Date)