



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## AIRPORT LIABILITY SUPPLEMENTAL APPLICATION

**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**

**ATTACH ADDITIONAL SHEETS AS NECESSARY.**

**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

### GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Grounding included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hangarkeepers included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

*Please attach copies of the following:*

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000*
- b) *Copies of any FAA certificates held by you or your employees*
- c) *A description of your operations, brochure, etc. if a website is not available*
- d) *Copies of your anti-terrorism/terrorism response plans (if applicable)*
- e) *Copies of bid specifications for public bid submissions*

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Premise Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5)

Please check all operations which you engage in:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Airport - Municipal/Regional | <input type="checkbox"/> Airport - National             | <input type="checkbox"/> Airport - International      |
| <input type="checkbox"/> Airport - Private            | <input type="checkbox"/> Control Tower Services         | <input type="checkbox"/> Airport Weather Services     |
| <input type="checkbox"/> Helipad - Public             | <input type="checkbox"/> Helipad - Private              | <input type="checkbox"/> Helipad - Emergency Services |
| <input type="checkbox"/> Police/Military Air Field    | <input type="checkbox"/> Air Racing Course              | <input type="checkbox"/> Sea Plane Docks/Harbor       |
| <input type="checkbox"/> Airport Emergency Services   | <input type="checkbox"/> Other (please describe): _____ |   |

*\*\*for General Liability coverage for operations at an Airport not specific to Airport management/operations, please complete the Kinsale Aviation General Liability Supplemental Application \*\**

- 6) How long have you been in operation under this business name or any others (please provide any prior entities)? \_\_\_\_\_
- 7) What is your projected revenue for the coming term? \$ \_\_\_\_\_
- 8) FAA Airport Classification: \_\_\_\_\_
- 9) Airport Altitude: \_\_\_\_\_
- a. Is the airport adjacent or in near proximity to mountainous terrain? Yes  No
- 10) Is your control tower operated by:  
 You  The FAA  N/A (no tower)  Other: \_\_\_\_\_
- a. Do you offer any Common Traffic Advisory Frequency (CTAF) services such as UNICOM? Yes  No
- 11) Does your airport conduct passenger, luggage, or cargo screening?  
a. If yes, is screening conducted by:  
 You  TSA  Air Carriers  Security/Police  Other: \_\_\_\_\_
- 12) Do you offer any aircraft maintenance or repair services, refueling, craft de-icing, etc.? Yes  No   
*If yes, please also complete the Kinsale Aviation General Liability Supplemental Application.*
- 13) Are your operations subject to any regulatory or professional organization oversight outside of the FAA? If yes, please list: \_\_\_\_\_ Yes  No
- 14) Do you have any prior claims or suits, or incidents which may result in a future claim or suit? If yes, please attach an explanation. Yes  No
- 15) Have your services or operations ever resulted in a grounding? Yes  No   
a. If Yes, please provide copies of all pertinent reports, citations, or notices.  
b. Date and duration of grounding: \_\_\_\_\_  
c. Cause: \_\_\_\_\_  
d. Please attach an explanation of all procedural changes made since this event to prevent similar incidents from happening again.
- 16) Have your services or operations ever been determined by the NTSB, BEA, or similar governmental body to the probable or contributory cause of an aviation accident or incident? If yes, please attach a copy of the report. Yes  No
- 17) What is the largest aircraft type commonly utilizing your airport? \_\_\_\_\_  
a. Who is operating this craft? \_\_\_\_\_  
b. Maximum seating or cargo capacity of this craft: \_\_\_\_\_
- 18) What is the maximum number of not in motion aircraft you can accommodate at one time? \_\_\_\_\_
- 19) Do you provide a pilot lounge/rest area? Yes  No   
a. If yes, are pilots permitted to sleep in this lounge? Yes  No
- 20) Do you have on-premise emergency fire and accident response services? Yes  No
- 21) Please indicate what perimeter security is in place:  
 6' or higher secure fencing  Local Camera Monitoring  Central Station Camera Monitoring  
 Patrolling - Police  Patrolling - Your Employees  Patrolling - Security Contractor  
 Intrusion Detectors  Other: \_\_\_\_\_

22) How do passengers board aircraft? Check all that apply:

- Jetway/Jet Bridge     Mobile Staircase     Ladder/Stool     Other: \_\_\_\_\_

23) Do you have any parachuting or hot air balloon launching from your airport? Yes  No

24) Runway information:

Identification:	Heading:	Length:	Width:	Surface:

25) Aircraft Take-offs and Landings:

	This Term			Last Term		
	Take-Offs:	Landings:	Passengers:	Take-Offs:	Landings:	Passengers:
General Aviation (part 91)						
Part 121 Commercial						
Part 125 Commercial						
Helicopters (part 133)						
Part 135 Commercial						
Part 136 Commercial						
Other: _____						

26) Please complete the following chart:

	Present at airport?	Owned by:	Operated by:	Maintained by:
Non-Directional Beacon (NDB)	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
VHF omnidirectional range (VOR)	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
En-Route Radar	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
Air Surveillance Radar (ASR)	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
Precision Approach Radar (PAR)	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
Surface Movement Radar (SMR)	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
Weather Radar	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
Microburst/Windshear Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
Bird/Animal Deterrent Devices	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>
Runway Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>	You <input type="checkbox"/> Someone Else <input type="checkbox"/>

a. If bird/animal deterrent devices are used, what kind? \_\_\_\_\_

**CONTROL TOWER** (complete this section only if you own, maintain, or operate control tower services)

27) Please complete the following chart:

Name of Controller	Age	Years of Experience	Prior FAA tower work?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

a. To the best of your knowledge, have any controllers been involved in an incident or mishap at a prior airport? If yes, please attach details. Yes  No

28) How many hours is a traffic controller on duty:

- a. Per day? \_\_\_\_\_
- b. Per week? \_\_\_\_\_
- c. Are controllers responsible for more than one airport at a time? Yes  No   
 + If yes, how many maximum at once? \_\_\_\_\_

29) What are your normal tower hours of operation? \_\_\_\_\_

30) If you own or maintain a control tower, but it is operated by a non-FAA 3rd party, do you obtain a certificate of insurance from the operator showing you as an additional insured and contractually require they hold you harmless? Yes  No

31) Do you maintain radio control of all ground/support vehicles on or crossing active runways or taxiways? Yes  No

- a. If yes, is the tower personnel responsible for this communication also responsible for take-offs and landings? Yes  No
- b. If no, please provide copies of anti-incursion procedural manuals/protocols.

32) How many miles from the airport does your tower assume control of incoming aircraft? \_\_\_\_\_

- a. At what altitude do you assume control of incoming traffic under normal circumstances? \_\_\_\_\_
- b. Have you had any incidents in the past three years where your tower needed to control traffic further than this range? Yes  No   
 + If yes, please attach details of events and distance/altitude involved.

33) Under normal circumstances, does your tower provide additional instruction to outgoing aircraft post take-off instructions? Yes  No

- a. If yes, please attach details.

**HANGARKEEPERS** (complete this section only if you own or maintain aircraft hangars or tie-downs)

34) Number of hangars: \_\_\_\_\_

35) Average number of aircraft hangared at one time: \_\_\_\_\_

36) Number of tie-down spaces: \_\_\_\_\_

- 37) Average number of aircraft tied out at one time: \_\_\_\_\_
- 38) Average value of aircraft in your care: \$ \_\_\_\_\_
- 39) Highest value of aircraft in your care: \$ \_\_\_\_\_
- 40) Do you or any contractors operating on your behalf taxi, tow, use wingwalkers, or otherwise move aircraft at your airport? Yes  No
- 41) What type of fire suppression systems are in place in hangars? \_\_\_\_\_  
 a. How often are suppression systems inspected/tested? \_\_\_\_\_

### EMERGENCY SERVICES

- 42) What type of emergency response teams do you have? Check all that apply:  
 Fire/Crash Response       Medical       Hazardous Materials  
 Terrorist Response       Police/Security       Water Recovery/Search and Rescue  
 None (N/A)       Other: \_\_\_\_\_
- 43) If you have fire/crash response, do trucks have direct access to runways? Yes  No   
 a. If no, where are they located? \_\_\_\_\_  
 b. If you do not have fire/crash response, how far is the airport from the closest fire department? \_\_\_\_\_
- 44) Are emergency services operational 24/7/365? Yes  No   
 a. Number of EMTs or Paramedics on duty at any one time: \_\_\_\_\_  
 b. Number of Firefighters on duty at any one time: \_\_\_\_\_  
 c. Number of Hazmat Response crew on duty at any one time: \_\_\_\_\_
- 45) If you have police/security or terrorist response teams, are these services also responsible for passenger, luggage, or cargo screening? Yes  No
- 46) What kind of passenger, luggage, and cargo screening devices are utilized at your airport? \_\_\_\_\_  
 \_\_\_\_\_

### AIR SHOWS, RACES, AND EXHIBITS *(complete this section only if you are hosting shows, races, or exhibits)*

- 47) Number of events to be held in the coming policy term: \_\_\_\_\_
- 48) How many years have these event(s) been held at your location? \_\_\_\_\_
- 49) Approximate number of attendees per event: \_\_\_\_\_
- 50) How far are attendee grandstands, boxes, or seating from the flight course? \_\_\_\_\_
- 51) Do you host events involving antique or experimental aircraft? Yes  No
- 52) Do you host events with stunt flying? Yes  No
- 53) For each event, please attach a detailed narrative of the event name and date(s); aircraft make/model and registration information for all participating aircraft; the names, FAA certificate number, and career hours flown in the type of craft they will utilize during the event for all pilots; the event course and objectives; copies of all event participant and attendee waivers you require.

## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policyholder or claiming with regard to a settlement or award payable for 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 insurance company files a statement of claim 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 purpose of defrauding the company. Penalties may include imprisonment, fines, or 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 APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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 a 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 a 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 the person to criminal and civil penalties.

**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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**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 of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_