AVIATION INSURANCE MANAGERS, INC. Page 1 of 9

11650 CLEVELAND AVENUE, N.W. UNIONTOWN, OHIO 44685 PHONE: (800) 827-4554 FAX: (330) 494-8600

COMMERCIAL OPERATOR'S RISK SURVEY FORM FOR AIRPORT OWNERS AND FLEET OPERATORS

I. APPLICANT INFORMATION

1. Name:

2. Mailing Address(es): ____

3. Telephone and Fax Numbers: Phone:____ ____; Fax:____;

4. How long has the Applicant operated under the present ownership?____

5. Name of the present Aviation Insurer and Expiration date(s):

6. Has any insurer canceled or declined to renew any insurance?____

II. GENERAL INFORMATION

- 1. Name & Location of this Airport (this application is only for one airport location).
- 2. Applicant's interest in Airport is: Owner ____; Lessor ____; Lessee ____; Trustee ____; Other (describe):

3. Airport Altitude _ 8. Airport Identifier

III. PREMISES - OPERATIONS

| 1. | Control Tower Operation: _ | No Control Tower; | is only by FAA; | |
|----|-----------------------------|------------------------------|-----------------|--------|
| 2. | Does Applicant maintain/ope | rate fuel storage facilities | 3? [] Yes | [] No |

3. Non-Aviation activities on Airport: [] Lodging [] Industrial Park [] Storage [] Farming [] Swimming Pools [] Other (describe)

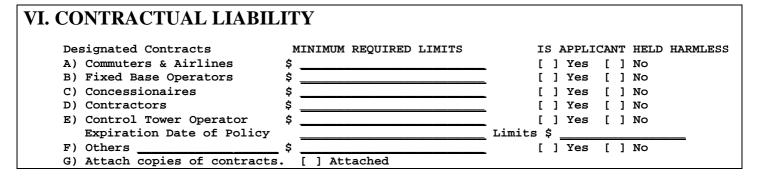
4. Is Airport completely fenced? []Yes []Yes 5. Is Airport patrolled by local police? If so, how often?

| 6. | | - indicate the number and type , and maintained for use exclu | | | l and/or |
|----|-----------------------|--|-------|----------------|----------|
| | FUEL TRUCKS | ; SWEEPERS | ; | SNOW REMOVAL | |
| | FIRE ENGINES | ; TUGS | ; | APU CARTS | |
| | HYDRANT CARTS | ; PICK-UP TRUCKS | ; | PASSENGER CARS | |
| | GOLF CARTS | ; OTHER (Describe) | | | |
| 7. | Total number of Aircr | aft regularly based at the Air | port? | | |
| 8. | Does Applicant tow or | move Aircraft? | | []Yes | [] No |

[] No

[] No

| II. PREMISES - OPERATIONS- continued | 10 | |
|--|-------------|-------------|
| 9. Estimated number of Aircraft takeoffs & landings combined for the comin | ng 12 mo | nths: |
| A) General Aviation B) Commuter/Scheduled Airlines | | |
| C) Military | | |
| Total | | |
| | | |
| 10. Does Applicant: | Yes | No |
| A) Maintain Air Crash Emergency Plan? | [] | [] |
| B) Maintain Anti-Terrorist Plan? | [] | [] |
| C) Employ Medical Personnel? | [] | [] |
| Describe: | | |
| D) Base Fire Fighting vehicles on the Airport full time? | [] | [] |
| If No, distance to nearest Fire Department Miles | | |
| E) Maintain Bird Strike prevention program? | [] | [] |
| F) Operate any Airport vehicles off the Airport? | [] | [] |
| Describe: | | |
| G) Maintain an Airport Security Patrol? | [] | [] |
| H) Own, operate, use or maintain any off-Airport | | |
| premises to be covered? | [] | [] |
| Describe all locations & uses: | | |
| I) Charge for Auto Parking? | [] | [] |
| Number of Parking Spaces | | |
| J) Host/sponsor/operate/permit any Airshows, Airmeets | | |
| or any form of Exhibitions? | [] | [] |
| Describe: | | |
| K) (i) Operate: Elevators? No Escalators? N | Io | _ |
| Moving Sidewalks? No Automated Passenger Tra | | |
| (ii) Who Maintains: | | |
| Elevators & Escalators? | | |
| Moving Sidewalks? | | |
| Automated Passenger Trains? | | |
| | | |
| 11. Estimated number of enplaned Airline &/or Commuter passengers | this ye | ear |
| | | |
| 12. Largest Aircraft using Airport By | ne of Opera | |
| | me or opera | lor |
| 13. Runways: | | |
| | RIBE ALL | OBSTRUCTION |
| 1 | | <u> </u> |
| 2 | | <u></u> |
| | | |
| 14. List all Air Carriers using the Airport | | |



| V. CONSTRUCTION, DEM | IOLITION & | & ALTERATION | S - OWNERS |
|---|---|--|----------------------------|
| & CONTRACTORS PRO | DTECTIVE | | |
| Contract costs this year for: | RUNWAYS | OTHER | DESCRIBE WORK |
| A) By Applicant | \$ | \$ | |
| B) By Independent Contractors | sş | \$ | |
| VI. GROUND HANGARKE | EPERS LEG | AL LIABILITY | |
| Aircraft <u>NOT</u> Owned or Leas If so, please provide the | sed by the App following info | licant) will be stor | |
| B. Type of Construction: | | | |
| C. Approximate Dimensions: | • | | |
| D. Average Number of Non-O | Owned Aircraft | Regularly Stored in | each Hangar: |
| the Applicant but are requ If so, please answer the f A. Maximum Value of Any | larly in the A following quest y One Aircraft | Applicant's care, cu cions: : \$ | stody and/or control? |
| | - | | |
| | E U <mark>se in Each d</mark> | of the following cat | egories: |
| | 3 | · | |
| F. Pick-Up and Delivery G. Charter Referrals H. Other (Explain) | | | |
| | | | |
| RUWWAYS OTHER DESCRIBE WORK A) By Applicant \$ \$ B) Hadependent Contractors \$ \$ \$ VI. GROUND HANGARKEEPERS LEGAL LIABILITY 1. Does the Applicant Own or Lease any Building(s) in which Non-Owned Aircraft (i.e. Aircraft NOT Owned or Leased by the Applicant) will be stored or hangared? If so, please provide the following information: | | | |
| & CONTRACTORS PROTECTIVE Contract costs this year for: A) By Applicant S | | | |
| VIII. GENERAL INFORMATI | ON | | |
| Provide the following inf A. Name & Age: | formation for t | the Director of Flig | ht Operations/Chief Pilot: |

- B. Number of Years with Applicant:
- 2. Number of employed pilots: Full Time _____ Part Time _____ Other (Explain) ______

Please have each employee &/or pilot hired by the Insured and/or Owner/Lessor pilot fully complete & sign a Pilot History Form.

| VII. PRODUCTS & COMPLETED OPERATI | IONS LIABILITY | 7 |
|---|--|--------------------------|
| NOTE: MAJOR ENGINE OR PROPELLER OVERHAULS <u>PERFOR</u> UNLESS A SEPARATE DOLLAR AMOUNT OF GROSS REG | MED BY THE NAMED IN CEIPTS IS STATED. | SURED ARE EXCLUDED |
| NOTE: PRODUCTS AND COMPLETED OPERATIONS DOES NOT &/OR FAULTY WORKMANSHIP &/OR LOSS OF SERVICES | | THE PRODUCT(S) ITSELF |
| NOTE: IN ORDER FOR PRODUCTS AND COMPLETED OPERATI MUST BE AN OCCURRENCE, WHICH IS DEFINED AS AN | | POND TO A CLAIM THERE |
| Gross Receipts for the preceding | and coming 12 mon | <u>iths:</u> |
| | PREVIOUS 12 M | |
| | PROJECTED | NEXT 12 ACTUAL MONTHS |
| A. FUEL & LUBRICANTS: (1) Airline - Fuel owned by Applicant | | |
| and Pumped for the Airlines: | \$\$ | \$ |
| (2) Airline - Fuel owned by the Airlines and | | â |
| Pumped by the Applicant for a fee: (3) General Aviation AVGAS: | | \$\$ |
| (4) General Aviation Jet Fuel: | \$\$ | \$ |
| (5) Military: | · · · | \$ |
| (6) Oil Sales (other than for repairs/service | | \$ |
| (7) Fuel Flowage Fees (fuel owned or pumped b someone other than Applicant): | y \$\$ | \$ |
| B. AIRCRAFT REPAIRS & SERVICE (Including Labor & Parts Installed &/or Serviced): | | |
| 1) Fixed Wing Aircraft (EXcluding Experiment | al | |
| Category Aircraft): | | \$ |
| <pre>2) Experimental Aircraft (EXcluding "Builder assist" services):</pre> | - \$\$ | ¢ |
| 3) "Builder Assist" services for Experimental | | Ŷ |
| Aircraft: | \$\$ | \$ |
| 4) Rotor Wing Aircraft: | \$\$ | \$ |
| 5) Sheet Metal Repairs and/or Service:6) Engine Rebuilds/Overhauls performed | \$\$ | \$ |
| by Applicant: 7) Major Propeller overhauls: | \$\$ \$\$ | \$ \$ |
| C. AIRCRAFT PARTS SOLD, BUT NOT INSTALLED AND/OR SERVICED BY APPLICANT: | \$\$ | \$ |
| D. AVIONICS REPAIR & SERVICE (Including Labor and | d | |
| Parts Installed &/or Serviced): | \$\$ | \$ |
| E. AVIONICS PARTS SOLD BUT NOT INSTALLED AND/OR SERVICED BY APPLICANT: | \$\$ | \$\$ |
| F. AIRCRAFT PAINTING (not incidental to repairs) | : \$ \$ | \$ |
| G. AIRCRAFT INTERIORS: | \$\$ | \$ |
| H. RESTAURANTS/VENDING MACHINES/CATERING: | · | \$ |
| I. USED AIRCRAFT SALES: | \$\$ | \$ |
| J. NEW AIRCRAFT SALES: | \$\$ | \$ |
| K. OTHER - Please indicate all other activities and indicate receipts for each: | - | |
| 1) | \$ \$. | \$\$ |
| 3) | | \$ |
| 4) | \$\$ | \$ |

Page 5 of 9

| | SS INFORMATION Describe all Airc | | Losses: | | |
|---------|--|----------------|--|---------------------|------------------------|
| DATE | AIRCRAFT | LOCATION | DESCRIPTION | AMOUNT LIABILITY | OF LOSS HULL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | Describe all othe Hangarkeepers, In | | as Premises, Prod tractors, etc.: | | Operations, OF LOSS |
| DATE | AIRCRAFT | LOCATION | DESCRIPTION | LIABILITY | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| XI. ADI | DITIONAL INSUR | EDS | | | |
| Insu | ureds under the Ai | ircraft &/or A | ities, requiring t irport Policies: (s, Special Custome | i.e. Owner/Lesso | |
| NAI | ME & ADDRESS | | | | |
| | | | | | |

| CO | OVERAGES REQUESTED: | | | | |
|----|---|----------------|------------------------------|--------------|-----------------------------|
| Α. | Owned &/or Leased Aircraft Combined Single Limit Bodily Injury & Property Damage Liability Including Passengers: | \$ | | Each | Occurrence |
| в. | Owned &/or Leased Aircraft Combined Single Limit Bodily Injury & Property Damage Liability Including Limited Passenger Bodily Injury Liability: WITH PASSENGERS LIMITED TO: | \$ \$ | | | Occurrence Person |
| c. | <pre>* Student/Renter Pilot Liability (Permissive User)cluding Passengers: * (PART OF & NOT IN ADDITION</pre> | \$ TO | | | Occurrence D.) |
| D. | Aircraft Medical Payments, | \$ | | Each | Passenger |
| E. | Non-Owned Aircraft Liability: | \$ | | Each | Occurrence |
| F. | Non-Owned Aircraft Physical Damage: Deductible: | \$ \$ | | Each Each | Occurrence |
| G. | Premises Liability: **AMENDED TO INCLUDE LIABILITY ARISIN MOBILE EQUIPMENT, WHILE ON AIRPOR | | OUT OF THE USE, OWNERSHIP OF | | Occurrence ATION OF |
| н. | Completed Operations & Products Liability: | \$ | | | Occurrence/ al Aggregate |
| I. | Ground Hangarkeepers Liability: Deductible: | \$ \$ \$ | | Each | Occurrence |
| J. | Premises Medical Payments: | \$ | | Each | Person |
| к. | Fire Legal Liability: | \$ | | Each | Occurrence |
| L. | Other Coverages Requested: _ | | | | |
| | · | | | | |
| | | | | | |
| | | | | | |

Page 7 of 9

XIII. SCHEDULE OF AIRCRAFT

| | MAKE & | Faa | TOTAL | | PURPOSE | LIENHOLDERS/LESSORS | LIEN |
|----|----------|-----------|--|-----------|----------|---------------------|-----------|
| YR | MODEL | <u>NO</u> | SEATS | VALUE | OF USE | l | _AMOUNT |
| | | 1 | | | 1 | | |
| | | İ | i i | | | | |
| | Í | İ | <u> </u> | | İ | l | |
| | | | | | | | |
| | | | | | | | |
| | l | | | | l | | |
| | | | | | | | |
| | | | | | | | |
| | 1 | | | | 1 | 1 | |
| | | | · <u>, </u> | l <u></u> | <u> </u> | | I <u></u> |
| | | İ | | | ĺ | ļ | |
| | | | | | | | |
| | | | - <u> </u> | | l | <u> </u> | |
| | | 1 | | | 1 | 1 | |
| | ĺ | İ | i i | | İ | ĺ | |
| | <u> </u> | | . | | <u> </u> | | |
| | | | | | 1 | | |
| | | | | | | 1 | |
| | l | | | | , | | |
| | ĺ | | | | ĺ | ĺ | |
| | | | | | | | |
| | | | | | 1 | 1 | |
| | | | - <u></u> | | | I | |
| | İ | İ | i i | | İ | İ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | | İ | i i | | ĺ | İ | |
| | | | . | | | | |
| | | | | | | 1 | |
| | | | | | | 1 | |
| | l | | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | | | | | 1 | 1 | l |

XIII. SCHEDULE OF AIRCRAFT-continued

| | MAKE & | FAA | TOTAL | AIRCRAFT | PURPOSE | LIENHOLDERS/LESSORS | LIEN |
|-------|--------------|-----------|------------|--------------|---------------|-------------------------|-------------|
| 'R | MODEL | NO | _SEATS | VALUE | _OF USE | | _AMOUNT |
| | Ì | 1 | i i | | | | |
| | ļ | ļ | ļļ | | ļ | | ļ |
| | | | - | | | | |
| | İ | | | | İ | | |
| | ļ | į | ļļ | | ļ | | į |
| | | | _ | | | | |
| | 1 | 1 | | | 1 | | 1 |
| | İ | İ | i i | | İ | | İ |
| | ļ | ļ | | | ļ | | ļ |
| | 1 | 1 | | | | | 1 |
| | İ | İ | i i | | İ | | İ |
| | | | <u>- </u> | | l | | |
| | | | | | | | |
| | i | | | | İ | | 1 |
| | İ | ļ | - <u> </u> | | ļ | ĺ | İ |
| | 1 | | | | | | |
| | i | 1 | | | i | | 1 |
| | | İ | _ii | | I | <u> </u> | İ |
| | | | | | | | |
| | | | | | | | |
| | | | _ | | | | |
| | | | | | ! | | |
| | | | | | | | |
| | | | _ | | | r | |
| | | | | | ļ | | |
| | | | | | | | |
| | l | I | ı _ | | | | l |
| STA | | | F USE | S FOR FAC | | T USING THE CHART B | |
| 517 | | | | | | FOR OWNER/LESSOR; | |
| (3) R | | | | | | RGO); (5) FAR 135 (CARG | ONLY); |
| (6) S | LUNG CARG | O; (7) SI | GHTSEE | ING; (8) SAL | ES DEMON | STRATION; (9) BANNER T | OWING; |
| | | | | | | WERLINE PATROL; (13) C | |
| | AULING; (14) | SKYDIVI | NG; (15) | AIR AMBUL | ANCE; (16) | CORPSE HAULING; (17) A | ERIAL |

PHOTOGRAPHY; (18) PRISONER HAULING; (19) AGRICULTURAL SPRAYING.

FRAUD WARNING

NOTICE TO NEW YORK 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, 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."

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 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 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 MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

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 FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 REGULATORY AUTHORITIES."

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 A DENIAL OF BENEFITS."

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 ARKANSAS 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 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."

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. 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. I/WE UNDERSTAND THAT NO INSURANCE IS IN FORCE UNLESS AND UNTIL ("UNDERWRITERS" STATED IN SECTION I "INSURER" ON THE FIRST PAGE OF THIS APPLICATION) EFFECTS A BINDER OF INSURANCE OR ISSUES A POLICY. IT IS UNDERSTOOD, HOWEVER, THAT IF INSURANCE IS ORDERED FROM AND ACCEPTED BY THE "UNDERWRITERS", THE FULL AMOUNT OF THE PREMIUM BECOMES IMMEDIATELY DUE AND PAYABLE. I/WE AUTHORIZE THE "UNDERWRITERS" TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN.

DATE

PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE