

AVIATION INSURANCE MANAGERS, INC.

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

COMMERCIAL OPERATOR'S RISK SURVEY FORM

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. LOSS INFORMATION

Describe all Airport & Non-Owned Aircraft Losses (including but not limited to premises, products, completed operations, hangarkeepers, independent contractors, etc.):

<u>DATE</u>	<u>LOCATION</u>	<u>DESCRIPTION</u>	<u>AMOUNT PAID OR RESERVED</u>

III. PREMISES LIABILITY

- 1. Name of Airport: _____
- 2. Applicant's Interest in Airport: Owner _____; General Lessee _____
Tenant _____; Other (Describe) _____
- 3. Is the Airport completely fenced? _____
- 4. Who is responsible for mowing the grass and plowing the snow at the Airport? _____
- 5. Fire Station on premises? _____ If not, how many miles is it located from the Airport? _____
- 6. Applicant's Vehicles - indicate the number and type of UNLICENSED vehicles owned and/or operated by Applicant, and maintained for use exclusively on Airport Premises:

FUEL TRUCKS _____;	SWEEPERS _____;	SNOW REMOVAL _____
FIRE ENGINES _____;	TUGS _____;	APU CARTS _____
HYDRANT CARTS _____;	PICK-UP TRUCKS _____;	PASSENGER CARS _____
GOLF CARTS _____;	OTHER (Describe) _____	

IV. INDEPENDENT CONTRACTORS & CONTRACTUAL LIABILITY

1. Construction or Alterations by Independent Contractors. Please State the Type of Construction, Estimated Cost and Length of Time for Completion:

<u>TYPE OF CONSTRUCTION</u>	<u>EST. COST</u>	<u>LENGTH OF TIME FOR COMPLETION</u>
_____	_____	_____
_____	_____	_____

2. Attach copies of contracts and agreements such as: Dealer Agreements, Aircraft Leases, Fuel Contracts, Management Agreements, etc., as they must be review by the Insurance Company to be covered under Assumed Liability (i.e. Contractual Liability).

V. 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:

- A. Is it a Group or T-Hangar (s): _____
- B. Type of Construction: _____
- C. Approximate Dimensions: _____
- D. Average Number of Non-Owned Aircraft Regularly Stored in each Hangar: _____

2. Does the Applicant Taxi, Tow or Move Aircraft of Others, which are NOT Owned or Leased by the Applicant but are regularly in the Applicant's care, custody and/or control? _____
If so, please answer the following questions:

- A. Maximum Value of Any One Aircraft: \$ _____
- B. Average Value of Any One Aircraft: \$ _____

VI. NON-OWNERSHIP AIRCRAFT LIABILITY

Does the Applicant Operate any NON-OWNED Aircraft IN-FLIGHT? _____. If so, please provide the Estimated Annual Hours of Use in Each of the following categories:

<u>CATEGORY</u>	<u>NUMBER ANNUAL HOURS</u>	<u>EXAMPLE OF TYPICAL AIRCRAFT FLOWN</u>
A. Flight Instruction	_____	_____
B. Sales Demonstration	_____	_____
C. Pilot Service	_____	_____
D. Maintenance Test Flights	_____	_____
E. Ferry Flights	_____	_____
F. Pick-Up and Delivery	_____	_____
G. Charter Referrals	_____	_____
H. Other (Explain)	_____	_____
I. Maximum Seating Configuration of the largest Non-Owned Aircraft Flown:	_____	
J. Is Non-Ownership Physical Damage Coverage Requested? _____; If so, what limit is desired?	_____	

TYPES OF AIRCRAFT TO BE COVERED: _____

VII. PRODUCTS & COMPLETED OPERATIONS LIABILITY

NOTE: MAJOR ENGINE OR PROPELLER OVERHAULS PERFORMED BY THE NAMED INSURED ARE EXCLUDED UNLESS A SEPARATE DOLLAR AMOUNT OF GROSS RECEIPTS IS STATED.

NOTE: PRODUCTS AND COMPLETED OPERATIONS DOES NOT COVER DAMAGES TO THE PRODUCT(S) ITSELF &/OR FAULTY WORKMANSHIP &/OR LOSS OF SERVICES/LABOR PERFORMED.

NOTE: IN ORDER FOR PRODUCTS AND COMPLETED OPERATIONS LIABILITY TO RESPOND TO A CLAIM THERE MUST BE AN OCCURRENCE, WHICH IS DEFINED AS AN "ACCIDENT".

Gross Receipts for the preceding and coming 12 months:

	PREVIOUS 12 MONTHS		ESTIMATED
	PROJECTED	ACTUAL	NEXT 12 MONTHS
A. FUEL & LUBRICANTS:			
(1) Airline - Fuel owned by Applicant and Pumped for the Airlines:	\$ _____	\$ _____	\$ _____
(2) Airline - Fuel owned by the Airlines and 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 by someone other than Applicant):	\$ _____	\$ _____	\$ _____
B. AIRCRAFT REPAIRS & SERVICE (Including Labor & Parts Installed &/or Serviced):			
1) Fixed Wing Aircraft (EXcluding Experimental Category Aircraft):	\$ _____	\$ _____	\$ _____
2) Experimental Aircraft (EXcluding "Builder-assist" services):	\$ _____	\$ _____	\$ _____
3) "Builder Assist" services for Experimental 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 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 (aircraft modifications, STC's, etc.) and indicate receipts for each:			
1) _____	\$ _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____	\$ _____
4) _____	\$ _____	\$ _____	\$ _____

VIII. GENERAL INFORMATION

Please Provide the Following Information for the Director of Maintenance or General Manager:

- A. Full Name & Age: _____
- B. Background Experience/Qualifications: _____

IX. ADDITIONAL INSURED(S)

Are there Any Individuals or Entities Requiring to be included as Additional Insured(s)?
 _____ . If so, please list each below:

NAME & ADDRESS

- 1) _____
- 2) _____
- 3) _____
- 4) _____

X. COVERAGES REQUESTED:

A. Non-Owned Aircraft Liability

Single Limit Bodily Injury
 & Property Damage Liability: \$ _____ Each Occurrence
WITH PASSENGERS LIMITED TO:
 \$ _____ Each Person

B. Premises Liability: ** \$ _____ Each Occurrence
 **AMENDED TO INCLUDE LIABILITY ARISING OUT OF THE USE, OWNERSHIP OR OPERATION OF
 MOBILE EQUIPMENT, WHILE ON AIRPORT PREMISES.

**C. Completed Operations &
 Products Liability: \$ _____ Each Occurrence/
 Annual Aggregate**

**D. Ground Hangarkeepers Legal
 Liability: \$ _____ Each Aircraft/
 \$ _____ Each Occurrence
 Deductible: \$ _____ Each _____**

E. Fire Legal Liability \$ _____ Any One Fire

**F. Premises Medical Payments \$ _____ Each Person/
 \$ _____ Each Occurrence**

G. Other Coverages Requested: _____

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 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