**2021 - 2022 Airport Liability Application**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cert**  **No** | **Name of Insured** | **Mailing Address** | **Premises 1** | **Premises 2** | **Premises 3** | **Premises 4** | **Premises 5** |
|  |  |  |  |  |  |  |  |

**Re: RMA Airport Liability Renewal – 21900989-AB-20**

For your November 1, 2021 Airport Operators Liability Renewal, we ask that you please complete the application below (and additional pages as required) and return to our office by **Sept 30, 2021** via:

* Email your account manager

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Annual Aircraft Movements:** | | | **2020**  **(Actual)** | | | **2021**  **(Estimated)** | | |
|  | | |  | | |
| **2** | **Annual Passenger Enplanements (Scheduled Traffic Only:** | | | **2020**  **(Actual)** | | | **2021**  **(Estimated)** | | |
|  | | |  | | |
| **3** | **Annual Gross Receipts – Aviation Operations** | | | **2020**  **(Actual)** | | | **2021**  **(Estimated)** | | |
|  | | |  | | |
| **4** | **Airport is Operated by:** | | | | | | | | |
|  | Owner | Lessee | Independent Contractor | | | | | Other | |
|  | If other than the owner, please describe: | | | | | | | | |
| **5** | **Aviation Fueling Operations** | | | | | | | | |
|  | 1. Does sale of Aviation Fuels or operation/ownership of aviation fuel trucks, tanks or hydrants systems occur at airport premises?? (if no, go to question 6) | | | | | | Yes | | No |
|  | 1. If ‘yes’ to question 5a, If ‘yes’ to the question above, are Aviation Fueling operations performed by a third party or by airport staff? | | | | | | Third Party | | Airport Staff |
|  | 1. If Fueling Operations are performed by a Third Party, does Third Party carry their own Aviation GL Insurance? | | | | | | Yes | | No |
|  | Estimated annual volume (litres) of fuel sold | | | | | Avgas: | Jet Fuel: | | |
| **6** | **Hangaring of Aircraft** | | | | | | | | |
|  | Rental or Lease of Hangars or Tie Downs | | | | | | Yes | | No |
|  | If so, How many? | | | | Hangars: | | Tie Downs: | | |
|  | Do you have Hangar Lease Agreements or Hold Harmless Agreements with your Tenants? | | | | | | Yes | | No |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7** | **Premises** | | | | | | | | | |
|  | Rental or Lease to others of Land or Buildings | | | | | | aon_logo_RED_large.jpgaon_logo_RED_large.jpgaon_logo_RED_large.jpgYes | | | No |
|  | Describe: | | | | | | | | | |
|  | Ownership and/or maintenance of navaids, windshear detectors or aviation communications equipment? | | | | | | aon_logo_RED_large.jpgaon_logo_RED_large.jpgaon_logo_RED_large.jpgYes | | | No |
|  | Vehicles used on airport Premises – number and type? | | | | | | Total Number: | | | |
|  | Sweeper: | Snow Removal | | | Tractor | | Fuel Truck | | | |
|  | Maintenance Vehicles | Grass Cutting | | | Fire Engine | | Other (describe) | | | |
| **8** | **During the next 12 Months will you be involved in?** | | | | | **If applicable, estimated costs of work performed by:** | | | | |
| Applicant: | | | Contractor: | |
|  | New Construction or Improvements? | | Yes | No | | $ | | | $ | |
|  | Describe: | | | | | | | | | |
| **9** | **Airshows** | | | | | | | | | |
|  | Airshows, contests or exhibitions held at the airport? | | | | | | Yes | | | No |
|  | If yes, please describe, including dates: | | | | | | | | | |
| **10** | **Non-Owned Aviation Coverage?** | | | | | | | | | |
|  | Actual air charter usage in the past 12 months | | | | | | | hours | | |
| Anticipated air charter usage in the next 12 months | | | | | | | hours | | |
| **11** | **Loss Experience:** List all Aviation related claims for the last five years. Attach separate sheet if necessary: | | | | | | | | | |

I Declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of my contract between Aon Reed Stenhouse Inc and me. This Application does not commit Aon Reed Stenhouse to any liability nor make the Applicant liable for any premium unless and until Aon Reed Stenhouse agrees in writing that coverage has been bound.

Signature Da**t**e (mm/dd/yyyy)

Name (print) 2