**Airport Liability and Non-Owned Aircraft Application**

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

**Re: RMA Airport Liability Renewal**

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

* Email your account manager

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Annual Aircraft Movements:** | | | **2024**  **(Actual)** | | | **2025**  **(Estimated)** | | |
|  | | |  | | |
| **2** | **Annual Passenger Enplanements (Scheduled Traffic Only:** | | | **2024**  **(Actual)** | | | **2025**  **(Estimated)** | | |
|  | | |  | | |
| **3** | **Annual Gross Receipts – Aviation Operations** | | | **2024**  **(Actual)** | | | **2025**  **(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** | **Garagekeepers Exposure** | | |
|  | Do you regularly store, or otherwise have in your care, vehicles owned by others? | | Yes  No |
|  | If so, please provide the following? | | |
|  | Average value any one vehicle: $ | Maximum value any one vehicle: $ | |
|  | Average value of all vehicles at any one time: $ | Maximum value of all vehicles at any one time: $ | |
|  | Do you obtain a waiver of subrogation or hold harmless from the owner(s)? | | Yes  No |
|  | Do you obtain a Certificate of Insurance from the owner(s) which name you as an Additional Insured and include a Waiver of Subrogation? If yes, please attach copy | | Yes  No |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **8** | **Premises** | | | | | | |
|  | Rental or Lease to others of Land or Buildings | | | | | Yes  No | |
|  | Describe: | | | | | | |
|  | Ownership and/or maintenance of navaids, windshear detectors or aviation communications equipment? | | | | | Yes  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) | |
| **9** | **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: | | | | | | |
| **10** | **Airshows** | | | | | | |
|  | Airshows, contests or exhibitions held at the airport? | | | | | Yes  No | |
|  | If yes, please describe, including dates: | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11** | **Non-Owned Aviation (Chartering) Exposure?** | | | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | What is the nature of your business? | | | | |  | | | | | | | | | | | | | | | | | |
|  | # of employees: | | |  |  | # of offices: | | | |  | | | | | | | | | | | | | |
|  | Do you anticipate the use of any aircraft not owned, leased or maintained by you in the next 12 months? | | | | | | | | | | | | | | | | Yes  No | | | | | | |
|  | If yes, please advise the following: | | | | | | | | | | | | | | | | | **Fixed Wing** | | **Rotor Wing** | | | **UAV (drones)** |
|  | How many hours in total did you charter aircraft last year? | | | | | | | | | | | | | | | | |  | |  | | |  |
|  | How many hours do you anticipate you will charter aircraft in **Canada** in the next year? | | | | | | | | | | | | | | | | |  | |  | | |  |
|  | How many hours do you anticipate you will charter aircraft in the **US** in the next year? | | | | | | | | | | | | | | | | |  | |  | | |  |
|  | How many hours do you anticipate you will charter aircraft **Internationally** in the next year? | | | | | | | | | | | | | | | | |  | |  | | |  |
|  | If you are flying outside of Canada in the next year, please advise where: | | | | | | | | | | | | | | | | | | | | | | |
|  | Aircraft Utilization – Fixed Wing | | | | | | Aircraft Utilization – Rotor Wing | | | | | | | | | Aircraft Utilization – UAV | | | | | | | |
|  | Engineering | | % | | | | Engineering | | | | | % | | | | Aerial Photography/Surveys - Urban | | | | | % | | |
|  | Agricultural | | % | | | | Agricultural | | | | | % | | | | Aerial Photography/Surveys - Rural | | | | | % | | |
|  | People Transport | | % | | | | People Transport | | | | | % | | | | Other (please describe): | | | | |  | | |
|  | Slung | | % | | | | Slung | | | | | % | | | |  | | | | | % | | |
|  | Off Shore | | % | | | | Off Shore | | | | | % | | | | UAV Weight Class | | | | | <2kg  2kg to 25kg  >25kg | | |
|  | Aerial Photography / Surveys | | % | | | | Aerial Photography / Surveys | | | | | % | | | |
|  | Average number of passengers on each trip? | | | | | | | | | |  | | | | | | | | | | | | |
|  | Maximum number of passengers on any one trip? | | | | | | | | | |  | | | | | | | | | | | | |
|  | ***Maximum seating capacity of largest aircraft used?*** | | | | | | | | | |  | | | | | | | | | | | | |
|  | ***What is the most common purpose(s) of aircraft charters?*** | | | | | | | | | |  | | | | | | | | | | | | |
|  | ***What are the charter operators you will use (if known)?*** | | | | | | | | | |  | | | | | | | | | | | | |
|  | ***Please indicate types of aircraft to be used (if known)*** | | | | | | | | | |  | | | | | | | | | | | | |
|  | What percentage of passengers are employees (W.C.) and what percentage are guests? | | | | | | | | | | | | | | Employees:      % Guests:      % | | | | | | | | |
|  | Do you charter any aircraft that are operated by employee pilots? If yes, please attach full pilot details and details of the aircraft to be chartered. | | | | | | | | | | | | | Yes  No | | | | | | | | | |
|  | Do you own any aircraft that are operated by others? | | | | | | | | Yes  No | | | | | | | | | | | | | | |
|  | If yes, description of aircraft owned: | | | | | | |  | | | | | | | | | | | | | | | |
|  | If yes, do you charter the aircraft back? | | | | | | | Yes  No | | | | | | | | | | | | | | | |
|  | Will applicant make any charges to others for use of aircraft? | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Will aircraft be used for student or pilot instruction? If yes, please attach details of frequency, student pilots and instructors. | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Do you have a corporate risk management policy in place that provides guidelines for the charter or aircraft? If yes, please attach copy. | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | Who in your company has the authority to arrange the charter of aircraft? | | | | | | | | | | | |  | | | | | | | | | | |
|  | ***What is the minimum liability limit you require your charter operators (including UAV operators) to carry?*** | | | | | | | | | | | | | | | | | | | | |  | |
|  | Do you obtain Certificates of Insurance from all charter operators ***(including UAV operators)***? Please attach copies of certificates for each operator from whom you may charter aircraft in the next year. **Note that certificates are required by your insurers and must include you and all subsidiary, affiliated and/or joint venture companies and all directors, officers and employees as Additional Insured and 30 days’ notice of cancellation of the policy.** | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| **12** | **Loss Experience** | | | | | | | | | | | | | | | | | | | | | | |
|  | Has applicant had any aircraft/aviation losses/claims during the last five years?  If yes, please provide details (attach list if necessary) | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | Has any insurer cancelled, declined or refused to renew any aviation insurance? | | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | If yes, explain: |  | | | | | | | | | | | | | | | | | | | | | |

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)