

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

AIRPORT LIABILITY INSURANCE APPLICATION

NAME OF APPLICANT: _____

ADDRESS: _____

Business of Applicant/ Use of Premises: _____

Name/ Location/ Designation of Airport: _____

Any obstruction to approach? _____

Elevation: _____ Surface of Landing Strip: _____ Length: _____ Width: _____

Is Landing Strip lighted? _____ Is Airport Fenced? _____ FAA Control Tower? _____

Who is responsible for maintenance of Landing Strip? _____

Applicant is: _____ Owner/Lessor _____ Tenant/Lessee _____ Sub-lessee

Is applicant subleasing to another? Please list exact name and address of sub-lessee

OPERATIONS OF APPLICANT:

[Please check all that apply and list annual gross receipts for each]

____ Fuel sales \$ _____ ____ Engine Overhaul \$ _____

____ Tiedowns/Hangaring \$ _____ ____ Painting \$ _____

____ Aircraft Repair/Service \$ _____ ____ Other [Describe] \$ _____

____ Helicopter Repair \$ _____

Any manufacturing? ____ Yes ____ No

LIMITS OF LIABILITY [Check each coverage desired]

{ } Premises : Combined Single Limit BI and PD Liability \$ _____

{ } Hangarkeepers Liability \$ _____ per occurrence / Total Value All Aircraft

Please advise: Maximum value per aircraft \$ _____

Average value per aircraft \$ _____

{ } Products Legal Liability CSL BI/PD \$ _____ per occurrence/aggregate

LEGAL DESCRIPTION OF APPLICANT'S PREMISES/ LOCATION(S):

Number of buildings/hangars: _____ Capacity of aircraft each hangar: _____

Number of tiedown spaces available: _____ Describe type used: _____

Construction of Hangar(s) and area: _____ Area of lot: _____

ARE AIRCRAFT OF OTHERS: _____ TAXIED OR _____ TOWED BY APPLICANT?

