

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

PREMISES INSURANCE APPLICATION

COVERAGE FOR STORAGE OF APPLICANT'S INSURED AIRCRAFT ONLY

NAME OF APPLICANT: _____

ADDRESS: _____

Name/ Location/ Designation of Airport: _____

LIMIT OF LIABILITY: \$ _____ Combined Single Limit Bodily Injury
and Property Damage Liability

Physical location on airport [description on lease]: _____

Description of Location: Hangar _____ Tiedown(s) _____

Total number of Tiedowns leased to applicant _____

Of above total, how many are: Used by applicant? _____ Used by others? _____

Construction of Hangar and dimensions: _____

Is Hangar: Owned by applicant? _____ Leased to applicant? _____

Is the Hangar shared with others? NO _____ YES _____

(If Yes, please give full details on reverse)

How many aircraft are stored in Hangar? _____

How many are: Owned by applicant? _____ Owned by others? _____

LOSS HISTORY: [Explain each "YES" answer]

Has applicant had any premises liability losses/claims? NO _____ YES _____

Describe/Explain: _____

Has any insurer cancelled, declined or refused to renew any premises liability

insurance? NO _____ YES _____ Explain: _____

(Not applicable in Missouri)

ADDITIONAL INSURED / LESSOR:

Name/address: _____

Any person who knowingly and with intent to defraud any insurance company files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

I confirm that I do not operate any business on or at the airport where my insured aircraft is/are stored.

Signature of Applicant: _____

Date: _____

Producer: _____