



Northeast Aviation & Marine Airport General Liability Insurance Application

General Information:

Applicant's Name:	
Address:	
City, State, Zip:	
Telephone:	Work:
Web Address:	
Applicant's Business Is:	
Current Insurance Carrier:	
Current Coverage Expires:	

Check all that apply below:

- Applicant is Owner Applicant is Municipality No Insurance Ever Denied
 Applicant is Corporation No Insurance Ever Cancelled No Open Claims/Litigation
 Applicant is Partnership

List Principal Owner(s) / Partner(s): _____

Liability Coverage Options and Limits Desired:

Type Coverage	Desired Limit	Remarks
Premises and Operations Liability	\$ _____ Each Occurrence: \$ _____	
Products and Completed Operations Liability	\$ _____ Each Occurrence: \$ _____	Aggregate: \$ _____
Ground Hangarkeepers Liability	\$ _____ Each Aircraft (deductibles apply)	\$ _____ Each Occurrence
Premise Medical Payments	\$ _____ Each Person	

Operations:

Repair Type Services	Gross Receipts		Sales Related Services	Gross Receipts	
	Current Year	Next Year		Current Year	Next Year
Aircraft Interiors	\$ _____	\$ _____	Fuel & Lubricants	\$ _____	\$ _____
Aircraft Painting	\$ _____	\$ _____	New Aircraft Sales	\$ _____	\$ _____
Aircraft Parts(not installed)	\$ _____	\$ _____	Other	\$ _____	\$ _____
Aircraft Rental/Instruction	\$ _____	\$ _____	Parts Overhaul/Repairs	\$ _____	\$ _____
Avionics Overhaul/Repairs	\$ _____	\$ _____	Propeller Overhaul/Repairs	\$ _____	\$ _____
Avionics Sales(not installed)	\$ _____	\$ _____	Rotor Wing Aircraft Repair	\$ _____	\$ _____
Engine Overhaul/Repair	\$ _____	\$ _____	Tie Down & Hangaring	\$ _____	\$ _____
Fixed Wing Aircraft Repair	\$ _____	\$ _____	Used Aircraft Sales	\$ _____	\$ _____
Food Concessions/Restaurant	\$ _____	\$ _____			

Other Information:

- Any Airline Fueling or Maintenance? Yes No Any New Aircraft Sales? Yes No
 Any Piston Aircraft/Engine Maintenance? Yes No Any Claims within past 5 years? Yes No
 Any Avionics Repairs/Sales? Yes No Any Claims within past 10 years? Yes No
 Any Manufacturing Exposures? Yes No

Northeast Aviation & Marine

Insurance Brokers

Home Office
160 Lafayette Street • Schenectady, New York 12305

Brookhaven Airport
139 Dawn Drive, Suite 1 • Shirley, New York 11967

Phone: (800) 544-5656 • Fax: (518) 393-3621

Web: www.northeastaviationmarine.com
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Tie Down & Hangaring

Applicant moves aircraft: Yes No Average Value of aircraft in your care: \$ _____ Average no. aircraft tied out: _____

Applicant ties or hangars aircraft: Yes No Highest value of aircraft in your care: \$ _____ Average no. aircraft hangared: _____

Wingwalkers used to move aircraft: Yes No Daily mobile equipment inspections: Yes No Recurrent training: Yes No

Number and types of mobile equipment used: _____

Ramp Access and Vehicles (other than mobile equipment)

Ramp access for customer vehicles: Yes No Average value of vehicle in your care: \$ _____ Control ramp access: Yes No

Storing of customer vehicles: Yes No Average number of vehicles in your care: _____

Courtesy vehicle provided: Yes No Cargo ops on ramp (Fedex, etc.): Yes No

Fuel Operations

Fueling performed by applicant: Yes No Fuel Storage: Above Ground Underground Annual AVGAS Gallons: _____

Fueling facility: Truck Hydrant Stationary Pumps Own or Lease Fuel Trucks Yes No Annual Jet Gallons: _____

Type(s) of fuel sold: AVGAS JET AUTO Own and/or manage fuel farm: Yes No Annual AUTO Gallons: _____

Type of training provided line service employees: _____

Additional Information

Years in Business: _____ Total no. of employees: _____ Total no. of locations: _____

Applicants facilities are located at: International Airport Large Regional Airport Small Muni Airport Private Airport

Airport is maintained by: _____

Emergency vehicles/personnel located on field: Fire Medical Hazmat Police/Security

Airport elevation: _____ ft. Airport's longest paved and lighted runway: _____ ft. Control Tower: Yes No
Hours of Operation: _____

Airport Manager is Applicant: Yes No – Explain: _____

Airport Manager is available 24-hours 7-days a week: Yes No – Explain: _____

Applicant is responsible for the maintenance of navigation aids: Yes No

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Additional Information Continued

Premises are: Owned / Leased from: _____ Rented from: _____

Premises/facilities are maintained by: _____

Ramp/parking area is paved and clear of obstructions and/or construction: Yes No

Ramp/parking is shared by other FBO/commercials operators: Yes No

Ramp/parking is well lighted and has easy and clear access from taxiways and/or runways: Yes No

Does private or municipal security personnel routinely patrol premises: Yes No

Is fire suppression equipment available? (YES – describe below): Yes No

Description of Applicant's Premises (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Catering Department | <input type="checkbox"/> Maintenance Hangar | <input type="checkbox"/> Pilot's Lounge |
| <input type="checkbox"/> Flight Department | <input type="checkbox"/> Offices (Number: _____) | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Flight Planning Area/Services | <input type="checkbox"/> Paint Bay | <input type="checkbox"/> Small T-Hangars (Number: _____) |
| <input type="checkbox"/> Interior Shop | <input type="checkbox"/> Parts Department | <input type="checkbox"/> Tie Downs (Number: _____) |
| <input type="checkbox"/> Large Hangars (Number: _____) | <input type="checkbox"/> Passenger Lounge | <input type="checkbox"/> Transient Aircraft Parking Area |

Number of Elevators on Premises: _____ Number of moving sidewalks on Premises: _____

5 – Year Loss History (attach loss runs if available)

All information herein is warranted to be true to the best of my knowledge and no information has been withheld and no insurer has cancelled or refused to renew this insurance. 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.

Date: _____ Applicant's Signature(s) _____

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