



Airport Liability Application

Rocky Aviation
524 Renner Field Road
Goodland, KS 67735
Phone: 1-800-667-6045
insurance@RockyAviation.com
Website: www.RockyAviation.com

Applicant's Name _____

Mailing Address _____

Name of Airport _____ Identifier: _____

Applicant is: Individual Partnership Joint Venture Corporation Other: _____

Type of Business is: FBO FAA Certified Repair Station Other: _____

Years in business _____ Current Insurance Company _____ Expiration Date _____

PREMISES

List all buildings, hangars, ramps and all other premises to be insured: _____

Applicant occupies: All Part of Premises. Applicant is: Owner Tennant General Lessee of Premises

Who is responsible for maintenance of these premises? _____

Applicant does does not have air shows, contest or exhibitions on premises.

List all autos and mobile equipment such as aircraft tugs or fuel trucks used solely on the airport premises _____

Runways: Paved Unpaved Shortest runway is _____ feet.

Describe runway obstructions: _____

PRODUCTS & COMPLETED OPERATIONS (PRODUCTS & SERVICES)

Describe products and services _____

Types of aircraft worked on: _____

Does Applicant engage in:	YES/NO	GROSS SALES LAST YEAR	ESTIMATED THIS YEAR
a.) Aircraft Fueling	_____	\$ _____	\$ _____
Gallons		_____ gal	_____ gal
b.) Aircraft Maintenance/Repairs	_____	\$ _____	\$ _____
c.) Aircraft Parts/Accessories Sales	_____	\$ _____	\$ _____
d.) Cargo/Baggage Handling or Storage	_____	\$ _____	\$ _____
e.) Jetway or Planemate Operation	_____	\$ _____	\$ _____
f.) Passenger or Baggage Security Operations	_____	\$ _____	\$ _____
g.) Aircraft Towing	_____	\$ _____	\$ _____
h.) Aircraft De-icing	_____	\$ _____	\$ _____
i.) Restaurant/Vending Machine Operations	_____	\$ _____	\$ _____
j.) Airline Ground Support Services	_____	\$ _____	\$ _____
k.) Control Tower	_____	\$ _____	\$ _____
l.) Other _____	_____	\$ _____	\$ _____

List All Other Operations

HANGARKEEPER'S LIABILITY (AIRCRAFT IN APPLICANT'S CARE, CUSTODY OR CONTROL)

Average value any one aircraft \$ _____ Average total all aircraft \$ _____ Average Number _____
Maximum value and one aircraft \$ _____ Maximum total all aircraft \$ _____ Average Number _____
Maximum value in any one hangar \$ _____ Describe hangars _____
Tied down \$ _____ Number of tiedowns _____

Gross receipts for next 12 months hangar rental \$ _____
Tie downs \$ _____
Towing \$ _____

Does applicant fly customer's aircraft? No Yes. List all purposes of use: _____

Largest type aircraft flown: _____ Maximum value: \$ _____

Does applicant maintain separate Non-Owned Aircraft Liability Insurance? No Yes

CLAIMS HISTORY & FAR VIOLATIONS – LIST ALL CLAIMS AND FAR VIOLATIONS FOR PAST 10 YEARS

Date	Amount (including all expenses)	Cause/Violation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach separate sheet to fully complete)

COVERAGES & LIMITS REQUESTED

Coverages	Limits of Insurance
Commercial General Liability Coverage	
General Aggregate Limit (other than Products/Completed Operations)	\$ _____
Products/Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (any one fire)	\$ _____
Medical Expense Limit (any one person)	\$ _____
Hangarkeepers Liability Coverage	
Each Aircraft	\$ _____
Each Loss Limit	\$ _____
Deductible (each aircraft)	\$ _____

CURRENT INSURANCE

Coverages: _____
Limits: _____ Deductible: _____ Premium: _____

X _____
Applicant's Signature Today's Date