



Salt Lake City Area Office  
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 Chicago, IL 60606  
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**FIXED BASE  
 OPERATION (FBO)  
 SERVICE CENTER**

**General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Under this management \_\_\_\_\_ At this location: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Government Body  Estate  Other

Other (please describe): \_\_\_\_\_

**1. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

\_\_\_\_\_

**2. Desired Insurance**

Please check all that apply:

- Hangar Liability
- Owned Aircraft
- Hangar Keeper's Legal Liability (HKLL)



	Actual Sales	Projected Next 12 Months
Physical Repair (Aircraft Body) of Aircraft - Gross Income	\$ _____	\$ _____
Sales of Aircraft Parts and Supplies - Gross Sales	\$ _____	\$ _____
Used Aircraft Sales - Gross Sales	\$ _____	\$ _____
New Aircraft Sales - Gross Sales	\$ _____	\$ _____
Leased Aircraft Sales - Gross Sales	\$ _____	\$ _____
Gasoline - Gallons Sold	\$ _____	\$ _____
Storage of Aircraft - Gross Income	\$ _____	\$ _____
Mechanical Repair and Service to aircraft -tune-up, air conditioning, lube and oil, brakes, engine rebuilding- Gross Income	\$ _____	\$ _____
Experimental or Homebuilt/Ultralight Aircraft Repair, - Gross Income	\$ _____	\$ _____
Rental of Aircraft - etc.-Gross Income	\$ _____	\$ _____
Tire Sales and Service-Gross Sales	\$ _____	\$ _____
Parking-Gross Sales	\$ _____	\$ _____
All Other Income-Explain	\$ _____	\$ _____
Retail Sales	\$ _____	\$ _____
Total Gross Receipts from all operations	\$ _____	\$ _____

**4. Employee Information**

1. Number of Total Staff: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

	NUMBER	ESTIMATED ANNUAL GROSS PAYROLL
A. Proprietor, Partner, Officer		\$
B. Office Employees		\$
C. Salesmen		\$
D. Service Dept. Employees		\$
E. Other Employees		\$

2. Mechanic List:

NAME	POSITION	D.O.B.	A&P OR IA LICENSE

**5. Premises Use Information: Please answer the following questions if they apply to your operations:**

3. Is anyone other than employees allowed to work on aircraft on premises?  Yes  No

4. Aircraft Storage Lots:

- a. If Aircraft is outside, is lot completely enclosed by a chain link fence or chain and posts not more than four feet apart?  Yes  No                      Not more than six feet apart?  Yes  No
- b. Is lot completely floodlighted?  Yes  No  
Please explain: \_\_\_\_\_
- c. Is there police or other protection?  Yes  No  
Please explain: \_\_\_\_\_
- d. Do you pick up or deliver Aircraft?  Yes  No  
Please explain: \_\_\_\_\_
- e. Do you repossess Aircraft?  Yes  No  
If yes, please list number of repossessions annually: # \_\_\_\_\_
5. If you are a wholesaler, do you maintain a separate storage facility?  Yes  No  
If yes, please explain: \_\_\_\_\_
6. Do you consign Aircraft to sell?  Yes  No  
If yes, how are they insured? \_\_\_\_\_
7. Average number of aircraft sold annually: Total: \_\_\_\_\_ Retail: \_\_\_\_\_ Wholesale: \_\_\_\_\_
8. Average number of aircraft for sale at one time: \_\_\_\_\_
9. Please complete a Schedule of Named Pilots, listing Pilots to be specifically insured (no coverage will be afforded unless all Pilots who are authorized to use an Aircraft are listed).
10. Please complete a schedule of aircraft to be specifically insured. Please list all aircraft owned and licensed by you and used in your business.
11. Do you have a full kitchen or restaurant owned by the FBO business?  Yes  No
- 6. HKLL - Hangar Keepers Legal Liability (if coverage is requested)**

	Max Value of any one Unit	Max Value per Location
Loc. 1	\$	\$
Loc. 2	\$	\$
Loc. 3	\$	\$

- Specified Causes of Loss—Fire, Theft, Explosion, Mischief and Vandalism
- Collision

Contractual Property Damage: Legal Liability on aircraft for sale – Dealers Inventory Coverage

	Max Value of any one Unit	Max Value per Location
Loc. 1	\$	\$
Loc. 2	\$	\$
Loc. 3	\$	\$

- Specified Causes of Loss—Fire, Theft, Explosion, Mischief and Vandalism
- Collision

Interests to be covered on Aircraft held for sale:

- All party's interest in covered Aircraft
- Financed party's interest only in stock for sale

	LIMITS OF COVERAGE	NUMBER OF UNITS
_____		

In Tow/ On hook with tug	\$	
Cargo	\$	

List non-licensed mobile equipment:


**7. Commercial Auto (if coverage is requested): Attach vehicle and driver lists or schedules.**

Please complete the following questions only as it pertains to the business vehicles and equipment associated with your operation. No private passenger or non-business use of insured vehicle coverage is available. Only scheduled vehicles used for business purposes, which are driven by specifically Named Insured Operators, will be quoted liability coverage.

- Please attach a driver schedule with the full name, date of birth, driver's license number & state of issue for each driver to be covered.
- Are all vehicles and equipment solely owned by and registered to the Applicant?  Yes  No  
If no, explain: \_\_\_\_\_
- Do any of the employees use their own autos in the business?  Yes  No  
If Yes, explain: \_\_\_\_\_
- Is there a vehicle and equipment maintenance program in operation?  Yes  No
- Are any vehicles or equipment leased to others?  Yes  No
- Do any vehicles or equipment have customized, altered or special equipment?  Yes  No
- Does insured obtain motor vehicle report verifications on all drivers?  Yes  No
- Does Applicant have a specific driver-recruiting program?  Yes  No
- Are any ICC, PUC, or other certificate filings required?  Yes  No
- Are all vehicles returned and garaged at the business each night?  Yes  No

If no, list vehicle(s) not returned. State purpose of use if not returned and garaged at business location:

VEHICLE #	PURPOSE OF USE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Does Applicant own or operate any buses, vehicles, or equipment not listed on the schedule?  Yes  No
- Months during year which vehicles are used: from \_\_\_\_\_ to \_\_\_\_\_
- Maximum average distance traveled one way by each vehicle? \_\_\_\_\_

14. Maximum radius of operations: \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name