



Airport Liability Application Form

130 Adelaide Street West Suite 1600
Toronto ON M5H 3P5
Fax 416-849-4555

Name of Insured: _____

Address: _____
Street
City
Province
Postal Code

Telephone number _____ Fax number _____ Email address _____

Current Insurer: _____ EXPIRY DATE: _____

Transport Canada Designator/Name of airport _____

Legal address of the Airport _____

Please attach where possible a map of the airport

| Runway (list each one) | Construction (Paved, Gravel, Grass) | Length | Width | Are runways lighted |
|------------------------|--|--------|-------|------------------------|
| 1) | | | | [] yes [] no |
| 2) | | | | [] yes [] no |

| Questionnaire | Yes | No | |
|--|-----|-----|--|
| How long has airport been in existents? | | | Years _____ |
| Revenue generated from use of Airport | | | Tie downs \$ _____ Hangars \$ _____ Other \$ _____ |
| Air traffic is controlled by | [] | [] | [] Uncontrolled [] Tower [] Unicom – operated by _____ |
| Is there an airport manager? | [] | [] | If Yes, then who employs the manager? _____ |
| Who maintains the airport? | | | [] Applicant or [] Name _____ |
| Is the airport fenced? | [] | [] | |
| Is there a fire station located at the airport? | [] | [] | If no, how many miles from the airport? _____ miles |
| Is there emergency equipment located at the airport? | [] | [] | List _____ |
| Does the Applicant maintain an air crash emergency plan? | [] | [] | |
| Is the airport used at night? | [] | [] | |
| Is the airport used during the winter months? | [] | [] | |
| If yes to winter use, do you provide snow clearing maintenance? | [] | [] | If no, who does? _____ Do you require the contractor to carry insurance? [] yes [] no |
| Do you provide grass cutting and general maintenance at the airport? | [] | [] | IF no, who does? _____ Do you require the contractor to carry insurance? [] yes [] no |
| Do you provide general maintenance at the airport? | | | IF no, who does? _____ Do you require the contractor to carry insurance? [] yes [] no |
| Are any parachuting operations at the airport? | [] | [] | |
| Are any Non Aviation Activities or facilities at the airport? | [] | [] | Please describe _____ |
| Do you host any or sponsor any Airshow..Airmeets? | [] | [] | If yes, please provide full details. _____ |

| | | | |
|---|------------|-----------|--|
| <i>Questionnaire cont'd</i> | <i>Yes</i> | <i>No</i> | |
| Do any scheduled commercial aircraft use the airport? | [] | [] | If yes, please name the commercial operator 1) _____ 2) _____ |
| Number of Annual Movements | | | Commercial aircraft _____ Private aircraft _____ Helicopters _____ |
| How many aircraft are based at the airport? | | | State number _____ |
| Do you expect to do any construction work at the airport in the next 12 months? | [] | [] | Describe _____ |

Please provide details of the Hangars or Buildings located at your airport.

| Location - state all Locations | Age | Size | Construction | Heating | Sprinklers |
|--------------------------------|-----|------|--------------|---------|------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |

List the occupants of the hangars or buildings listed above

| |
|----|
| 1) |
| 2) |
| 3) |
| 4) |

Do you require that the tenants carry liability insurance for the use of the hangar or buildings? - [] yes [] no

Do you require and obtain a hold harmless from your tenants? - [] yes [] no

Hangarkeepers Coverage - If you are responsible for any aircraft tied down or hangared at your airport please complete the following.

State number of aircraft in your care custody or control

| | Average | | Maximum | |
|------------------------|----------------------|-----------|----------|-----------|
| | Hangared \$ & number | Tied Down | Hangared | Tied Down |
| Value any one aircraft | \$ # | \$ # | \$ # | \$ # |
| Value of all aircraft | \$ # | \$ # | \$ # | \$ # |

Are you responsible for moving other peoples' aircraft? [] Yes [] No

Do you have any signed agreement such as a hold harmless for aircraft that are in your care custody and control? [] Yes [] No

If yes please attach a copy of the standard agreement.

Ramp Services – If you provide any ramp services please complete the following.

If you provide services to third party aircraft for the preparation of a flight or arrival of a flight please complete the following details

| Type of Operation | Yes | No | Past 12 months | Estimated for next 12 months |
|---------------------------------|-----|----|---------------------|------------------------------|
| Loading or unloading of baggage | | | \$ | \$ |
| Loading or unloading of cargo | | | \$ | \$ |
| Marshalling | | | \$ | \$ |
| Deicing | | | \$ | \$ |
| Towing | | | \$ | \$ |
| Power Starts | | | \$ | \$ |
| Fuelling Av Gas | | | \$ Litres pumped | \$ Litres pumped |
| Fuelling Jet Fuel | | | \$ Litres pumped | \$ Litres pumped |
| Grooming | | | \$ | \$ |
| Other, describe | | | \$ | \$ |

| Coverages Required | | Limit Each Occurrence | Alternate Limits |
|--|---|-----------------------|------------------|
| 1 - Airport of Premises, Property & Operations | Limit Each Occurrence | \$ | \$ |
| 2 - Hangarkeepers | Limit Per Aircraft | \$ | \$ |
| | Limit Per Occurrence | \$ | \$ |
| 3 - Products | Limit Per Occurrence & in the Aggregate | \$ | \$ |

Loss and Violation History

Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss. _____

Coverages Required:

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/we agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers.

Date _____

Applicant's Signature _____

Brokers Name _____

Phone Number _____ Fax Number _____