

**AVIATION INSURANCE MANAGERS, INC.**

11650 CLEVELAND AVENUE, N.W.  
UNIONTOWN, OHIO 44685  
PHONE: (800) 827-4554 FAX: (330) 494-8600

**COMMERCIAL OPERATOR'S RISK SURVEY FORM**

**I. APPLICANT INFORMATION**

- 1. Name: \_\_\_\_\_
- 2. Mailing Address(es): \_\_\_\_\_
- 3. Telephone and Fax Numbers: Phone: \_\_\_\_\_; Fax: \_\_\_\_\_
- 4. How long has the Applicant operated under the present ownership? \_\_\_\_\_
- 5. Name of the present Aviation Insurer and Expiration date(s): \_\_\_\_\_
- 6. Has any insurer canceled or declined to renew any insurance? \_\_\_\_\_

**II. LOSS INFORMATION**

Describe all Airport & Non-Owned Aircraft Losses (including but not limited to premises, products, completed operations, hangarkeepers, independent contractors, etc.):

<u>DATE</u>	<u>LOCATION</u>	<u>DESCRIPTION</u>	<u>AMOUNT PAID OR RESERVED</u>

**III. PREMISES LIABILITY**

- 1. Name of Airport: \_\_\_\_\_
- 2. Applicant's Interest in Airport: Owner \_\_\_\_\_; General Lessee \_\_\_\_\_  
Tenant \_\_\_\_\_; Other (Describe) \_\_\_\_\_
- 3. Is the Airport completely fenced? \_\_\_\_\_
- 4. Who is responsible for mowing the grass and plowing the snow at the Airport? \_\_\_\_\_
- 5. Fire Station on premises? \_\_\_\_\_ If not, how many miles is it located from the Airport? \_\_\_\_\_
- 6. Applicant's Vehicles - indicate the number and type of UNLICENSED vehicles owned and/or operated by Applicant, and maintained for use exclusively on Airport Premises:
 

FUEL TRUCKS _____;	SWEEPERS _____;	SNOW REMOVAL _____
FIRE ENGINES _____;	TUGS _____;	APU CARTS _____
HYDRANT CARTS _____;	PICK-UP TRUCKS _____;	PASSENGER CARS _____
GOLF CARTS _____;	OTHER (Describe) _____	

**IV. INDEPENDENT CONTRACTORS & CONTRACTUAL LIABILITY**

1. Construction or Alterations by Independent Contractors. Please State the Type of Construction, Estimated Cost and Length of Time for Completion:

<u>TYPE OF CONSTRUCTION</u>	<u>EST. COST</u>	<u>LENGTH OF TIME FOR COMPLETION</u>
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2. Attach copies of contracts and agreements such as: Dealer Agreements, Aircraft Leases, Fuel Contracts, Management Agreements, etc., as they must be review by the Insurance Company to be covered under Assumed Liability (i.e. Contractual Liability).

**V. GROUND HANGARKEEPERS LEGAL LIABILITY**

1. Does the Applicant Own or Lease any Building(s) in which Non-Owned Aircraft (i.e. Aircraft NOT Owned or Leased by the Applicant) will be stored or hangared? \_\_\_\_\_  
If so, please provide the following information:

- A. Is it a Group or T-Hangar (s): \_\_\_\_\_
- B. Type of Construction: \_\_\_\_\_
- C. Approximate Dimensions: \_\_\_\_\_
- D. Average Number of Non-Owned Aircraft Regularly Stored in each Hangar: \_\_\_\_\_

2. Does the Applicant Taxi, Tow or Move Aircraft of Others, which are NOT Owned or Leased by the Applicant but are regularly in the Applicant's care, custody and/or control? \_\_\_\_\_  
If so, please answer the following questions:

- A. Maximum Value of Any One Aircraft: \$ \_\_\_\_\_
- B. Average Value of Any One Aircraft: \$ \_\_\_\_\_

**VI. NON-OWNERSHIP AIRCRAFT LIABILITY**

Does the Applicant Operate any NON-OWNED Aircraft IN-FLIGHT? \_\_\_\_\_. If so, please provide the Estimated Annual Hours of Use in Each of the following categories:

<u>CATEGORY</u>	<u>NUMBER ANNUAL HOURS</u>	<u>EXAMPLE OF TYPICAL AIRCRAFT FLOWN</u>
A. Flight Instruction	_____	_____
B. Sales Demonstration	_____	_____
C. Pilot Service	_____	_____
D. Maintenance Test Flights	_____	_____
E. Ferry Flights	_____	_____
F. Pick-Up and Delivery	_____	_____
G. Charter Referrals	_____	_____
H. Other (Explain)	_____	_____
I. Maximum Seating Configuration of the largest Non-Owned Aircraft Flown:	_____	
J. Is Non-Ownership Physical Damage Coverage Requested? _____; If so, what limit is desired?	_____	

TYPES OF AIRCRAFT TO BE COVERED: \_\_\_\_\_  
\_\_\_\_\_

## VII. PRODUCTS & COMPLETED OPERATIONS LIABILITY

**NOTE: MAJOR ENGINE OR PROPELLER OVERHAULS PERFORMED BY THE NAMED INSURED ARE EXCLUDED UNLESS A SEPARATE DOLLAR AMOUNT OF GROSS RECEIPTS IS STATED.**

**NOTE: PRODUCTS AND COMPLETED OPERATIONS DOES NOT COVER DAMAGES TO THE PRODUCT(S) ITSELF &/OR FAULTY WORKMANSHIP &/OR LOSS OF SERVICES/LABOR PERFORMED.**

**NOTE: IN ORDER FOR PRODUCTS AND COMPLETED OPERATIONS LIABILITY TO RESPOND TO A CLAIM THERE MUST BE AN OCCURRENCE, WHICH IS DEFINED AS AN "ACCIDENT".**

### Gross Receipts for the preceding and coming 12 months:

	PREVIOUS 12 MONTHS		ESTIMATED
	PROJECTED	ACTUAL	NEXT 12 MONTHS
<b>A. FUEL &amp; LUBRICANTS:</b>			
(1) Airline - Fuel owned by Applicant and Pumped for the Airlines:	\$ _____	\$ _____	\$ _____
(2) Airline - Fuel owned by the Airlines and Pumped by the Applicant for a fee:	\$ _____	\$ _____	\$ _____
(3) General Aviation AVGAS:	\$ _____	\$ _____	\$ _____
(4) General Aviation Jet Fuel:	\$ _____	\$ _____	\$ _____
(5) Military:	\$ _____	\$ _____	\$ _____
(6) Oil Sales (other than for repairs/service):	\$ _____	\$ _____	\$ _____
(7) Fuel Flowage Fees (fuel owned or pumped by someone other than Applicant):	\$ _____	\$ _____	\$ _____
<b>B. AIRCRAFT REPAIRS &amp; SERVICE (Including Labor &amp; Parts Installed &amp;/or Serviced):</b>			
1) Fixed Wing Aircraft (EXcluding Experimental Category Aircraft):	\$ _____	\$ _____	\$ _____
2) Experimental Aircraft (EXcluding "Builder-assist" services):	\$ _____	\$ _____	\$ _____
3) "Builder Assist" services for Experimental Aircraft:	\$ _____	\$ _____	\$ _____
4) Rotor Wing Aircraft:	\$ _____	\$ _____	\$ _____
5) Sheet Metal Repairs and/or Service:	\$ _____	\$ _____	\$ _____
6) Engine Rebuilds/Overhauls performed by Applicant:	\$ _____	\$ _____	\$ _____
7) Major Propeller overhauls:	\$ _____	\$ _____	\$ _____
<b>C. AIRCRAFT PARTS SOLD, BUT NOT INSTALLED AND/OR SERVICED BY APPLICANT:</b>	\$ _____	\$ _____	\$ _____
<b>D. AVIONICS REPAIR &amp; SERVICE (Including Labor and Parts Installed &amp;/or Serviced):</b>	\$ _____	\$ _____	\$ _____
<b>E. AVIONICS PARTS SOLD BUT NOT INSTALLED AND/OR SERVICED BY APPLICANT:</b>	\$ _____	\$ _____	\$ _____
<b>F. AIRCRAFT PAINTING (not incidental to repairs):</b>	\$ _____	\$ _____	\$ _____
<b>G. AIRCRAFT INTERIORS:</b>	\$ _____	\$ _____	\$ _____
<b>H. RESTAURANTS/VENDING MACHINES/CATERING:</b>	\$ _____	\$ _____	\$ _____
<b>I. USED AIRCRAFT SALES:</b>	\$ _____	\$ _____	\$ _____
<b>J. NEW AIRCRAFT SALES:</b>	\$ _____	\$ _____	\$ _____
<b>K. OTHER - Please indicate all other activities (aircraft modifications, STC's, etc.) and indicate receipts for each:</b>			
1) _____	\$ _____	\$ _____	\$ _____
2) _____	\$ _____	\$ _____	\$ _____
3) _____	\$ _____	\$ _____	\$ _____
4) _____	\$ _____	\$ _____	\$ _____

**VIII. GENERAL INFORMATION**

Please Provide the Following Information for the Director of Maintenance or General Manager:

- A. Full Name & Age: \_\_\_\_\_
- B. Background Experience/Qualifications: \_\_\_\_\_

**IX. ADDITIONAL INSURED(S)**

Are there Any Individuals or Entities Requiring to be included as Additional Insured(s)?  
 \_\_\_\_\_ . If so, please list each below:

NAME & ADDRESS

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**X. COVERAGES REQUESTED:**

**A. Non-Owned Aircraft Liability**

Single Limit Bodily Injury  
 & Property Damage Liability: \$ \_\_\_\_\_ Each Occurrence  
WITH PASSENGERS LIMITED TO:  
 \$ \_\_\_\_\_ Each Person

**B. Premises Liability:                   \*\* \$ \_\_\_\_\_ Each Occurrence**  
 \*\*AMENDED TO INCLUDE LIABILITY ARISING OUT OF THE USE, OWNERSHIP OR OPERATION OF  
 MOBILE EQUIPMENT, WHILE ON AIRPORT PREMISES.

**C. Completed Operations &  
 Products Liability:                   \$ \_\_\_\_\_ Each Occurrence/  
 Annual Aggregate**

**D. Ground Hangarkeepers Legal  
 Liability:                               \$ \_\_\_\_\_ Each Aircraft/  
   \$ \_\_\_\_\_ Each Occurrence  
 Deductible:                           \$ \_\_\_\_\_ Each \_\_\_\_\_**

**E. Fire Legal Liability                   \$ \_\_\_\_\_ Any One Fire**

**F. Premises Medical Payments       \$ \_\_\_\_\_ Each Person/  
   \$ \_\_\_\_\_ Each Occurrence**

**G. Other Coverages Requested:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

