

# TRANSPORT RISK - INDEPENDENT FBO INSURANCE APPLICATION

Named Insured(s)  Work Phone

Mailing Address  City  ST  Zip

Email Address  Contact Name

Years in Business  Policy Expires  Current Insurance Company



**12424 Big Timber Drive, #5**  
**Conifer, CO 80433**  
**Phone: 866.256.0227**  
**Fax: 720.208.0845**

**IF YOU OWN OR MANAGE AIRCRAFT FOR RENTAL, CHARTER, PART 91 OR INSTRUCTION PLEASE COMPLETE THE FOLLOWING SECTION. IF NOT, PLEASE MOVE ON TO SECTION 2.**

**SECTION 1**

Are you a member of NATA, NBAA, HAI, AOPA or Other?  Yes  No

If yes, do you participate in structured safety program?  Yes  No

Do you have, and utilize an Operations Manual?  Yes  No

Do you have, and utilize a Safety Manual/Management System?  Yes  No

Do you have, and utilize an employee training program?  Yes  No

Are you Part 141, 145, 135?  Yes  No

If no, are you planning to apply for Part 141 in the next 12 months?  Yes  No

**PILOT ROSTER: . Your Chief Pilot must be the first person named on the pilot roster. Pilot Experience Forms may be more appropriate (see Pilot Experience Form link) and can be provided in lieu of completing the roster.**

Pilot Names	Birth Date	License			Flight Hours			
		CML	ATP	ME	Total Time	Multi-Eng	Complex	Turbine
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Total	
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**AIRCRAFT LIABILITY** - Limits are considered minimums for I&R and Charter. Limits to \$500,000,000 are available

- \$1,000,000 incl. \$100,000 per passenger  
  \$1,000,000 incl. \$250,000 per passenger  
  \$1,000,000 incl. passengers  
 \$10,000,000 incl. passenger  
  \$25,000,000 incl. passengers  
  \$50,000,000 incl. passengers

- AIRCRAFT MEDICAL PAYMENT**, each passenger  
 \$3,000  
 \$5,000  
 \$10,000  
 \$25,000

**LIABILITY COVERAGE OPTIONS / EXTENSIONS - (Turbine and Charter Fleets will carry tracking limits automatically)**

- Add Student/Renter Pilots as Additional Insured up to \$100,000 each loss, including passengers  
 Include Liability arising from use of Non-Owned Aircraft  
 Include Liability for Damage to Non-Owned Aircraft:  
 \$200,000 each loss  
 Not Sure

**SECTION 2**

**OPERATIONS OF APPLICANT**

Gross receipts for all operations: excluding "your" aircraft	Est. next 12 months	\$
Aircraft repair and service including parts installed	\$	<input type="text"/>
Sale of new parts - not installed	\$	<input type="text"/>
Sale of used parts - not installed	\$	<input type="text"/>
Sale of your manufactured parts - not installed	\$	<input type="text"/>
Sale of new aircraft (values)	\$	<input type="text"/>
Sale of used aircraft (values)	\$	<input type="text"/>
Sale of aircraft fuels and lubricants	\$	<input type="text"/>
Aircraft tie-down and hangar fees	\$	<input type="text"/>
Instruction (including students building hours)	\$	<input type="text"/>
Aircraft rental to open public	\$	<input type="text"/>
Aircraft charter	\$	<input type="text"/>
Other sales / sources of revenue - describe	\$	<input type="text"/>
<b>Total</b>	<b>\$</b>	<input type="text"/>

**FUELING OPERATIONS**

Fueling is performed by  Truck  Hydrant  Hydrant self-serve

Fuel is stored:  above ground  below ground  airport authority fuel farm

Percentage of Fuel sold: General Aviation %  Military %  Airline %  Other %

Annual Amount of Fuel sold: Av Gas (gallons)  Jet Fuel (gallons)

**HANGARKEEPERS OPERATIONS** (Aircraft of Others that are Tied Down and Hangared by Applicant)

Number of Tie Down Spaces  Number of T-hangar Spaces  Number of Bay hangar Spaces

Average Number of Aircraft Tied Down (at any one time)  Average Number of Aircraft in Hangar (at any one time)

Average Value of any one aircraft \$  Tied Down; \$  Hangared

Maximum Value of any one aircraft \$  Tied Down; \$  Hangared

Applicant may move aircraft of others by  towing  ground-taxi  in-flight

**If you answer "Yes" to any of the following, please describe type of repair/service and percentage of sales shown above:**

Any Major Component Overhaul by Applicant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>
Any Helicopter Repair/Service by Applicant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>
Any Airline Repair/Service by Applicant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>

Are you an Original Equipment Manufacturer for any aviation products or Own/Perform STC's  Yes  No

If Yes, please explain

Annual revenues \$

**CLAIMS HISTORY**

**No Claims Last Three Years**

**Accidents / losses last 3 years (use additional page if needed or carrier loss runs can be used)**

Date	Amount of Loss \$	Description of Loss
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**LIABILITY LIMITS REQUIRED**

**AIRPORT GENERAL LIABILITY**

Premises Legal	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> Higher	Each Occurrence/Aggregate	
Products / Comp Ops	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> Higher	Each Occurrence/Aggregate	
Personal Injury	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> Higher	Each Occurrence/Aggregate	
Fire Damage Limit	<input type="radio"/> \$50,000	<input type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000	Each Occurrence/Aggregate
Premises Medical	<input type="radio"/> \$3,000	<input type="radio"/> \$5,000	<input type="radio"/> \$10,000	<input type="radio"/> \$25,000	Each Person

**HANGARKEEPERS LIABILITY**

Each Aircraft Limit	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000	<input type="radio"/> \$1,000,000	<input type="radio"/> Higher
Each Occurrence Limit	<input type="radio"/> \$500,000	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> Higher

**OTHER COVERAGE - Describe**

Signed

Date

Print

Agent / Producer : Transport Risk Management, Inc.

Date

### **Applicable in California**

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. California Insurance Frauds Prevention Act 1871.2

### **Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading Information is Guilty of a Felony\*

\*In Florida - Third Degree Felony

### **Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

### **Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

### **Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638:20.

### **Applicable in New Jersey**

Any person who knowingly and with the intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to the criminal prosecution and civil penalties

### **Applicable in New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

### **Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **Applicable in Oklahoma**

WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

### **Applicable in Pennsylvania**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.