

# TRANSPORT RISK MANAGEMENT - CESSNA PROGRAM APPLICATION

## McCAULEY SERVICE CENTERS

Named Insured(s)

Mailing Address  City  ST  Zip  Airport ID

Contact Name  Email Address  Work Phone

Years in Business  Policy Expires  Current Insurance Company



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

### OPERATIONS OF APPLICANT

#### Gross Receipts for all operations:

#### Estimated next 12 months

Repair and service including parts installed \$

Sale of new parts - not installed \$

Sale of used parts - not installed \$

Other sales / sources of revenue \$  Describe

Are you an OEM for any aviation products  Yes  No If Yes, please explain

### LIABILITY LIMITS REQUIRED

Premises Legal	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> \$3,000,000	Each Occurrence/Aggregate
Products / Comp Ops	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> \$3,000,000	Each Occurrence/Aggregate
Hangarkeepers (if applicable)	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> \$3,000,000	Each Occurrence/Aggregate
Personal Injury	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> \$3,000,000	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"/> \$1,000	<input type="radio"/> \$3,000	<input type="radio"/> \$5,000 <input type="radio"/> \$10,000	Each Person

### CLAIMS HISTORY

No Claims Last Three Years

#### Accidents / losses last 3 years

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

Signed  Date

Print

Agent / Producer Signature  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.