

TRANSPORT **RISK** MANAGEMENT - CESSNA PROGRAM 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 AIRCRAFT FOR RENTAL, CHARTER, OR INSTRUCTION PLEASE COMPLETE THE FOLLOWING SECTION. IF NOT, PLEASE MOVE ON TO SECTION 2.

SECTION 1

Are you an approved Cessna Pilot Center? *If "No", please explain* Yes No

If you answer "No" to any of the following questions, please provide an explanation.

If yes, do you meet the requirements of the current CPC Agreement? Yes No

Do you have a copy of and utilize CPC Ops Manual in its entirety? Yes No

Do you exclusively utilize Private and Instrument CBI programs? Yes No

Do you require every renter to sign a Rental / Waiver Agreement? Yes No

Are you Part 141? Yes No

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

PILOT ROSTER (full and part-time CFI's) Use separate page if necessary. **Your Chief Flight Instructor must be the first person named on the pilot roster.**

Pilot Names	Birth Date	Type Instructor			Flight Hours			
		CFI	CFII	MEI	Total Time	Tail-wheel	Retract Gear	Multi-Eng
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SECTION 2

OPERATIONS OF APPLICANT

Gross receipts for all operations: excluding owned 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"/>
Total	\$	<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 Yes No

Any Helicopter Repair/Service by Applicant Yes No

Any Airline Repair/Service by Applicant Yes No

Are you an Original Equipment Manufacturer for any aviation products Yes No

If Yes, please explain

Annual revenues \$

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"/>
<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"/> \$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	
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

HANGARKEEPERS LIABILITY

Each Aircraft Limit	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000	<input type="radio"/> \$1,000,000	<input type="radio"/> \$1,500,000
Each Occurrence Limit	<input type="radio"/> \$500,000	<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> \$3,000,000

OTHER COVERAGE - Describe

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.