

Great Plains Brokerage
 300 Cherapa Place, Ste 302
 PO Box 90447 (57109-0447)
 Sioux Falls, SD 57103-2273

FIXED-BASE OPERATOR INSURANCE APPLICATION

Name of Applicant: _____

Address: _____

Applicant is: Individual Corporation Partnership (Name each partner)

Other: _____

Name and Location of Airport: _____

Number of Years Experience as Fixed Base Operator: _____ Proposed Inception

Date: _____

Are you a designated CESSNA Service Center? Yes No

AIRPORT DESCRIPTION:

Elevation: _____	feet
Longest Runway: _____	feet
Number of Aircraft Based at Airport: _____	Airline: _____ General Aviation: _____ Military: _____
Runway Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Turf <input type="checkbox"/> Blacktop <input type="checkbox"/> Other: _____	
Are runways lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is aircraft traffic controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, by whom? <input type="checkbox"/> FAA <input type="checkbox"/> Non Federal <input type="checkbox"/> Unicom - Operated by _____	
Is there an airport manager? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, employed by whom? <input type="checkbox"/> Applicant <input type="checkbox"/> Independent Contractor (Furnish copies of contract)	
Is manager on premises during hours of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours of Operation: _____ to _____	
Is there a fire station located at airport? <input type="checkbox"/> Yes <input type="checkbox"/> No, it is _____ miles from the airport	
Is airport fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Airport is maintained by _____	
Does the insured own, operate, or maintain any aids to navigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe: _____	
Are airport premises used for any recreational or other non-aviation activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OPERATIONS of APPLICANT: Indicate all operations and estimated annual gross receipts.

Fuel and Lubricants	\$ _____	Airshows	\$ _____	List all other sources of receipts below. Use separate sheet if needed.
Tiedowns and Hangaring	\$ _____	Aircraft Maintenance	\$ _____	
Landing Fees	\$ _____	Aircraft Charter	\$ _____	_____ \$ _____
New Aircraft	\$ _____	Rental and Instruction	\$ _____	_____ \$ _____
Used Aircraft	\$ _____	Restaurant	\$ _____	_____ \$ _____
Aircraft Parts	\$ _____	Auto Parking	\$ _____	TOTAL: \$ _____

FUELING:

Type of Fuel Sold: <input type="checkbox"/> AV Gas <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Aircraft Auto Gas
Done on Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Done by Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensed by: <input type="checkbox"/> Truck <input type="checkbox"/> Hydrant <input type="checkbox"/> Gas Pump <input type="checkbox"/> Gas Pit <input type="checkbox"/> Other: _____
Annual Gallonage: _____ Airline: _____ General Aviation: _____ Military: _____
Fuel Storage Facilities: _____ Underground: _____ Gallons Above Ground: _____ Gallons

TIE DOWN and HANGARING by APPLICANT:

Are aircraft of others taxied, towed, or moved by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of	Tiedown Spaces: _____	T-Hangars: _____	Multiple-Aircraft Hangars: _____
Number of Aircraft	Tied Down: _____	In T-Hangars: _____	In Multiple Aircraft Hangars: _____
Highest Value Aircraft	Tied Down: _____	In T-Hangars: _____	In Multiple Aircraft Hangars: _____
Total Value of All Aircraft	Tied Down: _____	In T-Hangars: _____	In Multiple Aircraft Hangars: _____

APPLICANT'S VEHICLES, ELEVATORS, and AIRCRAFT:

Number and type of vehicles exclusively on the airport premises: Fuel Trucks _____			
Fuel Trucks _____	Sweepers _____	Snow Removal _____	Fire Engines _____ Tugs _____ Hydrant Carts _____
Pickup Trucks _____	Passenger Cars _____	Other _____	
Number of Elevators _____	Escalators _____	Moving Sidewalks _____	
Number of Aircraft owned or operated by Applicant _____		Number of Helicopters owned or operated by Applicant _____	

NON-OWNED AIRCRAFT LIABILITY COVERAGE::

<input type="checkbox"/> Piloted by Applicant's employees	Number of Hours per year: _____	Aircraft Type: _____	Maximum Seating: _____
<input type="checkbox"/> Piloted by Others	Number of Hours per year: _____	Aircraft Type: _____	Maximum Seating: _____
Type and maximum value of non-owned aircraft used: _____			
What is the use of the non-owned aircraft? _____			
APPLICANT'S EMPLOYEE PILOTS MUST ATTACHED A COMPLETED PILOT HISTORY FORM			

LIABILITY COVERAGE: State Limits of Liability desired.

COVERAGE	EACH AIRCRAFT	EACH OCCURRENCE
Bodily Injury Liability Excluding Passengers	X X X X X X X	\$
Property Damage Liability	X X X X X X X	\$
SINGLE LIMIT Bodily Injury/Property Damage	\$	\$
Products/Completed Operations Liability	X X X X X X X	\$
Ground Hangarkeepers Liability	\$	\$
Non-Owned Liability including _____ excluding Passengers	X X X X X X X	\$

LOSS HISTORY and PREVIOUS AVIATION INSURANCE:

Has any applicant had any aircraft/aviation losses or claims during last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer canceled, declined, or refused to renew any aviation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain each "Yes" answer on reverse.
Last or Present Airport/Aviation Insurance Company: _____

I/We authorize Great Plains Brokerage and the following agent/broker to represent me/us in the placing of this insurance (State agent/broker's name and address): _____

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed, and I agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer.

Fraud Warning: Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Date: _____ Authorized Applicant Signature: _____ Title: _____

IF AIRCRAFT ARE TO BE INSURED, COMPLETE THE ATTACHED PAGE.