

**AVIATION GENERAL LIABILITY SUPPLEMENTAL APPLICATION**  
**COMPLETE IN ADDITION TO ACORD APPLICATIONS.**  
**ATTACH ADDITIONAL SHEETS AS NECESSARY.**  
**ANSWER ALL QUESTIONS. If not applicable, indicate N/A.**

**GENERAL INFORMATION**

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:		
Effective Date:			
Website:			

2) Current Carrier Information:

Carrier:			
Limit of Insurance:			
Grounding included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hangarkeepers included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Deductible:			
Premium:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Copies of any FAA certificates held by you or your employees
- c) A description of your operations, brochure, etc. if a website is not available

3) Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4) Premise Address (if different from above): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5) Please check all operations which you engage in:

- |                                                                  |                                                         |                                                                   |
|------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Contractor - Runway/Air Field           | <input type="checkbox"/> Contractor - Terminal Only     | <input type="checkbox"/> Contractor - Airport adjacent operations |
| <input type="checkbox"/> On-Site Parking Deck                    | <input type="checkbox"/> Off-Site Parking Deck          | <input type="checkbox"/> Shuttle Services                         |
| <input type="checkbox"/> Baggage Wrapping                        | <input type="checkbox"/> Terminal Retail                | <input type="checkbox"/> Terminal Food Service                    |
| <input type="checkbox"/> Terminal Custodial Services             | <input type="checkbox"/> Arrival Concierge Services     | <input type="checkbox"/> Airport Rental Car Services              |
| <input type="checkbox"/> Baggage Handling                        | <input type="checkbox"/> Aircraft Waste/Water Services  | <input type="checkbox"/> Aircraft Catering                        |
| <input type="checkbox"/> Aircraft Refueling                      | <input type="checkbox"/> Aircraft De-icing              | <input type="checkbox"/> Runway Plowing/Deicing                   |
| <input type="checkbox"/> Aircraft Maintenance, Service or Repair | <input type="checkbox"/> Other (please describe): _____ |                                                                   |

*\*\*for all Airports, Airport Management, and Air Traffic Control operations, please complete the Kinsale Airport Liability Supplemental Application\*\**

*\*\*\*for all Aviation Products manufacturing and distribution, please complete the Kinsale Aviation Products Manufacturing/Distribution Supplemental Application\*\*\**

6) How long have you been in operation under this business name or any others (please provide any prior entities)?  
 \_\_\_\_\_

7) What are your projected sales for the coming term? \$ \_\_\_\_\_

- 8) Are your operations subject to any regulatory or professional organization oversight outside of the FAA? If yes, please list: \_\_\_\_\_ Yes  No
- 9) Do you have any prior claims or suits, or incidents which may result in a future claim or suit? If yes please attach an explanation. Yes  No
- 10) Have your services or operations ever resulted in a grounding? Yes  No
- a. If Yes, please provide copies of all pertinent reports, citations, or notices.
- b. Date and duration of grounding: \_\_\_\_\_
- c. Cause: \_\_\_\_\_
- d. Please attach an explanation of all procedural changes made since this event to prevent similar incidents from happening again.
- 11) Have your services or operations ever been determined by the NTSB, BEA, or similar governmental body to the probable or contributory cause of an aviation accident or incident? If yes, please attach a copy of the report. Yes  No

**CONTRACTORS** (complete this section only if you are a contractor)

- 12) What operations do you engage in? Check all that apply.
- |                                                                                    |                                                       |                                                          |
|------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Paving - Apron                                            | <input type="checkbox"/> Paving - Taxi Ways           | <input type="checkbox"/> Paving - Runway                 |
| <input type="checkbox"/> Paving - Helipad                                          | <input type="checkbox"/> Lighting System Installation | <input type="checkbox"/> Jet bridge installation/service |
| <input type="checkbox"/> Runway Excursion Prevention System Installation or Repair | <input type="checkbox"/> Bird Mitigation Services     | <input type="checkbox"/> Painting - interior only        |
| <input type="checkbox"/> Air Traffic Control Equipment Installation or Repair      | <input type="checkbox"/> Painting - exterior          | <input type="checkbox"/> Dock or Pier Construction       |
| <input type="checkbox"/> Passenger/Baggage Screening Device Installation or Repair | <input type="checkbox"/> Terminal Construction        | <input type="checkbox"/> Terminal Remodeling             |
| <input type="checkbox"/> Retail or Restaurant Construction or Renovation           | <input type="checkbox"/> Other: _____                 |                                                          |
- 13) Are you licensed in all states in which you operate? Yes  No   
License Number(s): \_\_\_\_\_
- 14) If you are hiring subcontractors, please clarify the following:
- a. Do you usually hire the same subcontractors? Yes  No
- b. Are subcontractors always insured? Yes  No   
If yes, what General Liability limits do you require subs to carry? \_\_\_\_\_
- c. Do you obtain certificates of insurance from all subcontractors? Yes  No
- d. Are you named as an Additional Insured on all subcontractors' policies? Yes  No
- e. Do you have a written contract with your subcontractors? Yes  No
- f. Do all contracts contain a Hold Harmless clause in your favor? Yes  No
- g. Do you use any leased employees? Yes  No   
If yes, are you responsible for providing Worker's Compensation for these employees? Yes  No
- h. Do you carry Worker's Compensation insurance? Yes  No
- 15) Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? Yes  No
- 16) Has any licensing authority taken any action against you? If yes, please attach explanation and copies of all citations. Yes  No



17) Describe your last 5 projects:

Description	Dollar Value
1.	
2.	
3.	
4.	
5.	

18) Describe your 5 largest projects:

Description	Dollar Value
1.	
2.	
3.	
4.	
5.	

19) Do you perform repairs of fire, water, or mold damage? Yes  No

20) Do you perform any installations or service of hazardous materials storage units or underground tanks? Yes  No

21) If you are performing exterior painting, what measures are taken to prevent overspray?

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22) Do you own or rent cranes as part of your operations? Yes  No

a. If yes, what type(s)? \_\_\_\_\_

b. If rented, are they rented with or without operators? With Operator  Without Operator

### PARKING DECKS, RENTAL CAR, AND SHUTTLES

23) Do you offer any valet services, or require customer vehicle keys to be left behind for park-in during peak seasons/holidays? Yes  No

a. If yes, where are keys stored? \_\_\_\_\_

24) Is your facility 24/7/365 operation? Yes  No

a. If yes, is the lot or deck well-lit after sundown? Yes  No

b. If yes, do you have employee patrols or hired security patrolling? Yes  No

c. If no, list hours of operation: \_\_\_\_\_

25) Do you have a commercial auto policy in place? Yes  No

a. If yes, does the policy contemplate direct coverage for customer vehicles on a primary basis? Yes  No

26) Do you offer any automotive servicing for customer vehicles? Yes  No

a. If yes, check all that apply:

Full Service  Oil/Lube  Washing  Emergency only (jump starting, flat tire assistance, etc.)

27) How is baggage secured on the shuttle?

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28) If your facility is off-site, how many miles from the airport are you located? \_\_\_\_\_

### TERMINAL RETAIL AND FOOD SERVICE

29) What is the nature of your operations? Check all that apply:

- |                                                          |                                                       |                                                      |
|----------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Dine-in Restaurant              | <input type="checkbox"/> To Go Restaurant             | <input type="checkbox"/> Packaged Food Kiosk         |
| <input type="checkbox"/> Lounge (minimal or no food)     | <input type="checkbox"/> Capsule Hotel                | <input type="checkbox"/> Massage/Wellness Center     |
| <input type="checkbox"/> Vending Machines - Food         | <input type="checkbox"/> Retail - Packaged Candy/Nuts | <input type="checkbox"/> Retail - General/News Stand |
| <input type="checkbox"/> Retail - Duty Free              | <input type="checkbox"/> Retail - Cosmetics & Perfume | <input type="checkbox"/> Retail - Electronics        |
| <input type="checkbox"/> Retail - Clothing & Accessories | <input type="checkbox"/> Retail - Toys & Games        | <input type="checkbox"/> Vending Machines - Retail   |
| <input type="checkbox"/> Other: _____                    |                                                       |                                                      |

- 30) Do you sell alcohol? Yes  No
- a. If yes, is the alcohol sold for immediate consumption/served? Yes  No
- b. If yes to a., do you allow to-go/carry-out beverages? Yes  No
- c. If yes to a., do you serve uniformed flight crew members? Yes  No
- d. If no to a., is purchased alcohol delivered sealed to the customer's departure gate? Yes  No
- 31) Do you allow smoking in your establishment? Yes  No
- a. If yes, is entry strictly limited to patrons 18 (or 21) and up? Yes  No
- b. If yes, is entry closed door and smoking area signage clearly visible before entry? Yes  No

### TERMINAL CUSTODIAL SERVICE

- 32) How frequently are the following areas cleaned/serviced?:
- a. Restrooms: \_\_\_\_\_
- b. Gate seating areas: \_\_\_\_\_
- c. Food court/dining areas: \_\_\_\_\_
- d. Floors and carpeting: \_\_\_\_\_
- e. Stairwells, escalators, and elevators: \_\_\_\_\_
- 33) Are your employees trained in "see something, say something" for suspicious persons and unattended baggage? Yes  No
- 34) Are your employees trained in human trafficking danger signs? Yes  No
- 35) Are your employees trained in COVID-19/Novel Coronavirus mitigation and sanitization procedures? Yes  No
- 36) What disinfectants are you using? \_\_\_\_\_
- 37) Do airports you service have safe needle disposal units in restrooms? Yes  No

### HANGARKEEPERS

- 38) Number of hangars you operate: \_\_\_\_\_
- 39) Average number of aircraft in your care hangared at one time: \_\_\_\_\_
- 40) Number of tie-down spaces you operate: \_\_\_\_\_
- 41) Average number of aircraft tied out in your care at one time: \_\_\_\_\_



- 42) Average value of aircraft in your care: \$ \_\_\_\_\_
- 43) Highest value of aircraft in your care: \$ \_\_\_\_\_
- 44) Do you or any contractors operating on your behalf taxi, tow, use wingwalkers, or otherwise move aircraft? Yes  No
- 45) What type of fire suppression systems are in place in hangars? \_\_\_\_\_  
 a. How often are suppression systems inspected/tested? \_\_\_\_\_

### **AIRCRAFT SUPPORT SERVICES** (Refueling, Waste/Water Transfer, Flight Catering, Baggage Handling)

- 46) What is the nature of your operations? Check all that apply:
- |                                                       |                                           |                                                 |
|-------------------------------------------------------|-------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Refueling                    | <input type="checkbox"/> Waste Removal    | <input type="checkbox"/> Water Transfer         |
| <input type="checkbox"/> Aircraft Catering            | <input type="checkbox"/> Baggage Handling | <input type="checkbox"/> Runway Plowing/Deicing |
| <input type="checkbox"/> Aircraft De-icing/Anti-icing | <input type="checkbox"/> Other: _____     |                                                 |
- 47) If you are refueling, please answer the following:
- a. What types of fuel do you sell or dispense? Check all that apply:  Jet Fuel  AVGAS  Auto
- b. Approximate how many gallons are dispensed annually? \_\_\_\_\_
- c. Do you have any underground fuel tanks? Yes  No
- d. How many gallons per minute is your equipment output? \_\_\_\_\_
- e. Are all fuel handling employees required to take and pass an FAA approved third party line service training program? Yes  No
- f. If no to b., do you have your own FAA approved line service training program? Yes  No   
 (if yes, please provide a copy)
- g. Have you ever had a fuel spill in excess of 5 (five) gallons, caused a fire, spread more than 10 (ten) feet from the point of spill or otherwise required reporting to a government or other regulatory authority? Yes  No
- 48) If you are plowing or de-icing runways, please answer the following:
- a. If you are chemically de-icing, please check all types of runway de-ice you will use:
- |                                         |                                                  |                                                           |
|-----------------------------------------|--------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Sodium Acetate | <input type="checkbox"/> Potassium Acetate (KAc) | <input type="checkbox"/> Ethylene/Propylene Glycol Fluids |
| <input type="checkbox"/> Sodium Formate | <input type="checkbox"/> Potassium Formate (KF)  | <input type="checkbox"/> Urea                             |
- b. Are de-icing agents included in reports to airport management for inclusion in SNOWTAM bulletins? Yes  No
- 49) If you are de-icing or anti-icing aircraft, please answer the following:
- a. Do you use any thickened (Type 2 or 4) de-icing liquids? Yes  No
- b. If yes to a., are all pilots informed of this? Yes  No
- c. If you perform operations in overnight or overcast conditions, is adequate spotlighting provided for the de-/anti-icing check? Yes  No
- d. Are any of your employees responsible for monitoring or advising on aircraft holdover time? Yes  No

### **AIRCRAFT MAINTENANCE, SERVICE, OR REPAIR**

- 50) What is the nature of your operations? Check all that apply:
- |                                                        |                                                       |                                                           |
|--------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Aircraft Cleaning - Interior  | <input type="checkbox"/> Aircraft Cleaning - Exterior | <input type="checkbox"/> Aircraft Painting                |
| <input type="checkbox"/> Routine Minor Maintenance     | <input type="checkbox"/> Mechanical Servicing/Repair  | <input type="checkbox"/> Collision Damage Fuselage Repair |
| <input type="checkbox"/> Retrofitting/Cabin Conversion | <input type="checkbox"/> Other: _____                 |                                                           |



- 51) Do all employees working on aircraft or aircraft parts have a valid FAA Aircraft Mechanic Aircraft Repairman Certificate? Yes  No
- 52) Number of FAA certified employees who have:  
Airframe rating (A) \_\_\_\_\_ Powerplant rating (P) \_\_\_\_\_ Both (A&P) \_\_\_\_\_
- 53) Do any employees have an Inspection Authorization (IA) certificate? Yes  No
- 54) Do any employees have manufacturer or make/model specific training or certification? Yes  No   
If yes, please list: \_\_\_\_\_
- 55) Do you perform Airworthiness Directive service bulletin work? Yes  No   
a. If yes, is there a specific aircraft manufacturer who's craft you service? Yes  No   
Please list if yes: \_\_\_\_\_
- 56) Are all pressure information intakes covered with a highly visible appropriate tape or shield during painting, cleaning or when an aircraft will be parked for an extended period of time during servicing? Yes  No
- 57) If you are performing interior cleaning, are your employees trained in COVID-19/Novel Coronavirus mitigation and sanitization procedures? Yes  No
- 58) If utilized in your operations, how do you ensure sterilization foggers do not affect aircraft instrumentation?  
\_\_\_\_\_  
\_\_\_\_\_
- 59) Who is responsible for inspecting and certifying your work?  
 You/Your Employees       The Customer/Client       The FAA/Government



## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any

insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with 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 of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** 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.

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

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.



**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

