

**Kentucky League of Cities Insurance Services
&
Kentucky Aviation Association**

Aviation Insurance Survey

1. Name of member: _____
Name and location of airport: _____

2. Year began operations: _____

3. Do you own or operate any aircraft? _____

4. Please Classify your operations from the following list and identify the percentage of each:
_____ General Aviation
_____ Corporate Aircraft
_____ Charter Aircraft
_____ Cargo Aircraft

5. Have you signed any special warranties or agreements whereby you are indemnifying any person, entity, corporation? _____
If yes, please provide copies of the warranties or agreements.

6. Name(s) of any and all previous insurers:

Please provide copies of declarations pages, and copies of policies.

7. Members' status, corporation and other: _____

Please provide copies of legal incorporation documents.

8. Board Managed, if yes, please provide # of board members, how they are chosen, and supporting legal documents: ((Please provide the documents that empower the board or management group)).

9. Operations performed by member:

➤ Tie Down & Hangering: _____
If yes, what is the # and highest value: _____

➤ Landing & Landing Fees: _____
If yes, please provide description: _____

If subcontracted, please provide copies of all agreements.

➤ Aircraft Towing: _____

If subcontracted, please provide copies of all agreements.

➤ Charters, if yes, please provide # of Charters placed on an annual basis, and names of charter companies: _____

If subcontracted, please provide copies of all agreements.

➤ Repairs: _____

If subcontracted, please provide copies of all agreements.

➤ Rentals: _____

If subcontracted, Please provide copies of all agreements.

➤ Instruction: _____

If subcontracted, please provide copies of all agreements.

➤ Fueling, if yes, annual gallons, and how (pump, pit, truck, hydrant):

If subcontracted, please provide copies of all agreements applicable to these types of operations.

10. Runway Description (elevation, longest runway, runway construction):

11. Types of aircraft based at airport:

- Private _____
- Military _____
- General Aviation _____
- Commercial Airline _____
- Helicopters _____

12. Fire Station located on premises: _____

If no, distance to closest Fire Station: _____

If yes, is it operational and "manned" 24/7/365? _____

13. Vehicles owned or leased, (fuel trucks, sweepers, snow removal, fire engines, lt. duty pick-up trucks, cars). Please provide a list of all that apply.

14. Any Aerial Agricultural Operations? If yes, please provide description of chemical types being applied:

Do you sell, distribute or provide any of the agricultural chemicals?

15. Please list any and all types of chemicals that your store or distribute.

16. Current Information:

What is your current Liability Limits? _____

Would you like higher limits? If yes, what amount?

- Name of the current liability carrier: _____
- Name of the current property carrier: _____
- Name of the current workers' compensation carrier: _____
- _____
- Contact person name and number for additional information:

- Name of local agent with whom insurance is currently placed through: _____

_____ Enclosed is a copy of our current insurance declaration page