



HANGAR INSURANCE APPLICATION

NEW BUSINESS POLICY RENEWAL
 Client #: _____ (if known)

APPLICANT	NAME OF APPLICANT: _____	HOME PHONE: _____
	MAILING ADDRESS: _____	OFFICE PHONE: _____
	_____	MOBILE PHONE: _____
	FULL LEGAL NAME OF OWNER: _____	EMAIL: _____
	APPLICANTS OCCUPATION: _____	WEBSITE: _____

PROPERTY DETAILS	LOCATION / BUILDING # 1		LOCATION / BUILDING # 2	
	BUILDING ADDRESS:	_____	_____	_____
	YEAR BUILT:	_____	_____	_____
	AREA IN SQUARE FEET:	_____	_____	_____
	TYPE OF CONSTRUCTION – BUILDING:	_____	_____	_____
	HANGAR TYPE:	_____	_____	_____
	AGE / TYPE OF CONSTRUCTION – ROOF :	_____	_____	_____
	ALARM SYSTEM:	<input type="checkbox"/> MONITORED <input type="checkbox"/> LOCAL	<input type="checkbox"/> MONITORED <input type="checkbox"/> LOCAL	<input type="checkbox"/> MONITORED <input type="checkbox"/> LOCAL
	BUILDING VALUE:	_____	_____	_____
	OCCUPANCY: (USE OF HANGAR)	_____	_____	_____

COVERAGE DETAILS	LOCATION / BUILDING # 1		LOCATION / BUILDING # 2		
	PLEASE STATE COVERAGE AMOUNT REQUIRED:	_____	_____	_____	_____
	BUILDING:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	OFFICE EQUIPMENT:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	TOOLS:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	EQUIPMENT:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	MOBILE EQUIPMENT:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	EARTHQUAKE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	FLOOD:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	EXTRA EXPENSE COVERAGE:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	PRODUCTS LIABILITY:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	AVIATION GENERAL LIABILITY:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
	PREMISES LIABILITY:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED
HANGARKEEPERS LIABILITY:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	
ENVIRONMENTAL LIABILITY:	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> NOT REQUIRED	

AIRPORT	NAME OF AIRPORT: _____	AIRPORT IDENTIFIER CODE: _____
	FENCED PERIMETER: <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF SECURED ACCESS: _____
	CONTROL TOWER: <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE DEPARTMENT ON SITE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, HOURS OF OPERATION: _____	TYPE OF FIRE DEPARTMENT: _____
	REPAIR / SERVICE WORK IN HANGAR: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DISTANCE TO HANGAR: _____ KM
	PAINTING IN HANGAR: <input type="checkbox"/> YES <input type="checkbox"/> NO	

INSURANCE HISTORY	DO YOU CURRENTLY HAVE INSURANCE ON THESE HANGARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, WHAT IS YOUR RENEWAL DATE: _____
	CURRENT INSURANCE COMPANY: _____ ANNUAL PREMIUM: _____
	ANY CLAIMS IN THE LAST 3 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY: _____ AMOUNT OF CLAIMS: _____
IF YES, PROVIDE DETAILS: _____	

NOTES	

DECLARATION	I/We declare that the statements and declarations given above are true nor that any information has been withheld or excluded that might influence acceptance of this proposed insurance. I/We also agree that the statements and declarations given above signed by me/us shall be the basis of my/our contract with Park Aviation Services Ltd and the underwriting insurance company.
	APPLICANT'S SIGNATURE: _____ DATE: _____