



Phone: (800) 432-8519 / (407) 886-3322  
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Insure@AlexanderAviation.Com  
http://www.AlexanderAviation.com

7 W. Main St., Suite 100  
Apopka, FL 32703

## Aviation Hangar and Airport Building Insurance Application

Name of Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Physical Address of Hangar: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ FEIN: \_\_\_\_\_

Building Dimensions: \_\_\_\_\_ Office Area (if any): \_\_\_\_\_

Airport Designator: \_\_\_\_\_ Airport: \_\_\_\_\_ Year Built: \_\_\_\_\_ Year First Occupied by You: \_\_\_\_\_

Replacement Costs: Building: \_\_\_\_\_ Contents: \_\_\_\_\_ Mobile Equipment and Tools: \_\_\_\_\_

Building Construction Material: \_\_\_\_\_ Distance to: Nearest Hydrant: \_\_\_\_\_ Nearest Fire Station: \_\_\_\_\_

### Aircraft Information

List all of the aircraft regularly stored in this hangar.

| Year, Make, Model | FAA No. | Owner |
|-------------------|---------|-------|
| 1.                |         |       |
| 2.                |         |       |
| 3.                |         |       |
| 4.                |         |       |

Please attach copies of any hangar lease agreements you have with these owners, if any, and copies of either a certificate of insurance or the declarations page from each aircraft's insurance policy.

### Questionnaire

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 1. Does this building have integrated fire sprinklers?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Does this building have a monitored burglar alarm? (If yes, indicate brand and model.)  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Is there a lien holder or loss payee on this building? (If yes, give name and address.)   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Do you share this building with any other business? (If so, please list.)   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Do you have a hangar lease agreement for each aircraft stored in this hangar, excluding those owned by you?   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Does anyone other than you or your employees service aircraft or move aircraft into or out of your hangar? (Ex. Aircraft owners, FBO personell, freelance mechanic, etc.) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has there been any major remodeling or renovations to the building?<br>(Include major wiring or plumbing projects. If yes, please describe.)                              | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Please explain all "Yes" answers below. Attach additional pages as required.

**FRAUD WARNING:** "Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claims or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

**UNDERSIGNED AFFIRMS:** This information is correct to the best of my/our knowledge and belief and no information is being withheld or suppressed. I authorize the insurance company to make investigations as it may deem appropriate. I appoint Alexander Aviation Associates as my/our Agent of Record for this insurance.

SIGNED:

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





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## **Business Income and Extra Expense Worksheet**

Business Name: \_\_\_\_\_

### **Income**

Annual Net Sales Income: \_\_\_\_\_ (Sale of Fuel / Parts / Aircraft / Services *less cost*)

Annual Other Income: \_\_\_\_\_ (Rent / Commissions, excluding passive or investment income)

Total Annual Income: \_\_\_\_\_ (Total Revenue At Risk.)

### **Reconstruction Recovery Period**

Estimated Reconstruction Time (in Days): \_\_\_\_\_ (If a total loss occurs, how many days would it take to get your revenue back to where it was before the loss?)

Acceptable Waiting Period (in Days): \_\_\_\_\_ (How many days could you wait before the insurance begins reimbursing you? This functions like a deductible.)

### **Extra Reconstruction Expenses**

All Extra Expenses are calculated based on how much additional cost you will incur over and above your existing costs. For example, if your current location's rent is \$10,000 / mo and a suitable temporary location would cost \$12,000 / mo, your extra expense is \$2,000 / mo.

Temporary Location: \_\_\_\_\_ (Extra cost to rent / lease a place of business)

Temporary Equipment: \_\_\_\_\_ (Extra cost to rent / lease equipment to remain in business)

Utilities: \_\_\_\_\_ (Extra cost for utilities, including deposits and fees)

Additional Staff: \_\_\_\_\_ (Additional or replacement staff to work at the new location.)

Emergency Services: \_\_\_\_\_ ("Hot Site", computer relocation, telephone forwarding, etc.)

Monthly E.E. Total: \_\_\_\_\_ (Total of Extra Reconstruction Expenses)

### **Total Insured Business Income and Extra Expense**

Probable Loss of Income: \_\_\_\_\_ (Total Annual Income / 365 times Estimated Reconstruction Time)

Extra Expenses: \_\_\_\_\_ (Monthly E.E. Total / 30 times the Estimated Reconstruction Time)

Combined Business Income And Extra Expense Required: \_\_\_\_\_ (Probable Loss of Income + Extra Expenses)

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_