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## Request for Airport Liability Insurance Quote

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Principal(s): \_\_\_\_\_

Location (Airport): \_\_\_\_\_ Web Site: \_\_\_\_\_

Applicant Is: \_\_\_\_\_ Tenant \_\_\_\_\_ General Lessee \_\_\_\_\_ Airport Owner

How many of the following do you currently own, control, lease, manage or employ?

- |                                    |                                    |                                |
|------------------------------------|------------------------------------|--------------------------------|
| _____ Runways                      | _____ Hangars (With Office Inside) | _____ Stand-alone Hangars      |
| _____ Stand-Alone Office Buildings | _____ T-Hangars                    | _____ Tie-Down Spaces          |
| _____ Above-ground Fuel Tanks      | _____ Fuel Trucks                  | _____ Tugs/Tractors/Golf Carts |
| _____ Mechanics / Linemen          | _____ Pilots / Instructors         | _____ Other Office Personnel   |

Description of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years of Prior Experience: \_\_\_\_\_ Are you an FAA Approved Repair Station? \_\_\_\_\_

Chief Mechanic (if any): \_\_\_\_\_ Chief Mechanic is an IA or A&P? \_\_\_\_\_

Current / Prior Insurance Agent and Carrier: \_\_\_\_\_

Prior Airport Liability Claims: \_\_\_\_\_

### Gross Receipts

	<u>Last 12 Months</u>	<u>Projected Over the Next 12 Months</u>
Sale of Fuel/Oil	_____	_____
Sale of Parts (Not Installed)	_____	_____
Sale of Parts (Installed)	_____	_____
Service/Repairs	_____	_____
Sale of Aircraft	_____	_____
Service/Repairs (Rotorcraft)	_____	_____
Overhauls (Prop/Engine)	_____	_____

### Requested Limits of Insurance

Airport Liability: \_\_\_\_\_ Product Liability: \_\_\_\_\_

Hangarkeepers Liability: \_\_\_\_\_ each aircraft \_\_\_\_\_ each occurrence

Other Coverages/Limits: \_\_\_\_\_

Additional Insureds: \_\_\_\_\_

Applicant Affirms: This information is correct to the best of my knowledge and no information is being withheld or suppressed. I authorize the insurance company to make such investigations as it may deem appropriate. I appoint Alexander Aviation Associates, Inc. as my agent of record to all aviation insurance markets for this insurance.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_