

AIRPORT LIABILITY INSURANCE APPLICATION

RETURN W. Brown & Associates Insurance Services
 TO: Aviation Managers for Catlin Insurance Company
 19000 MacArthur Boulevard, Suite 700
 Irvine, CA 92612

PRODUCER: BRENDA Sliva
 ADDRESS: 110 East Main St.
 CITY: Avon Park STATE: FL ZIP 33825
 PHONE: 863-452-4463 FAX: 863-452-4413

Check which is desired: Quotation Insurance

I. GENERAL INFORMATION:

APPLICANT City of Avon Park
 ADDRESS 110 East Main St., Avon Park Fla. 33825
 APPLICANT IS: Individual(s) Corporation Partnership Other Municipality
 Insurance is requested from October 1, 20 15 To October 1, 20 16
 Name of Airport Avon Park Executive Airport located _____ miles _____ of _____

1. Applicant's Interest in Airport: Owner _____ Lessor _____ Lessee _____ Trustee _____
 _____ Other: Specify _____
2. Airport Budget: \$ 240,000 Last 12 Months \$ 240,000 Estimated Next 12 Months
3. FAA Airport Classification: AV0
4. Airport Altitude: 160 ft
5. Airport Manager: Jason Lister, Public Safety Director
6. Manager's Length of Experience in Airport Operations: 2 years
7. How long has the Applicant employed Manager? 15 years
8. List Certificate Restrictions & Exemptions: None

II. PREMISES / OPERATIONS

1. Are there Control Tower Operations? Yes No If Yes, name operator: _____
 Is Control Tower operation Full Time or Part Time? If Part Time, specify operating hours: _____
2. Does Airport operate Unicom Service? Yes No
3. Does the Airport own, lease or maintain any Nav aids, Radars, Windshear Detectors or Aircraft Communications Systems?
 Yes No If Yes, describe: ANOS, PAPI
4. Does the Airport inspect or maintain runways, taxiways or ramps? Yes No If No, identify the inspection firm: _____
FDOT
 Frequency of Inspections: Annual

5. Describe All Runways, Taxiways, Ramps:

	Heading	Length	Width	Surface	Describe All Obstructions
a.	<u>050</u>	<u>5374</u>	<u>100</u>	<u>Asphalt</u>	
b.	<u>230</u>	<u>5374</u>	<u>100</u>	<u>Asphalt</u>	
c.	<u>095</u>	<u>3844</u>	<u>75</u>	<u>Asphalt</u>	
d.	<u>275</u>	<u>3844</u>	<u>75</u>	<u>Asphalt</u>	

6. Does the Airport Maintain or Operate Fuel Storage Facilities? ^{once constructed} Yes No If Yes, are tanks above ground? Yes No
Currently a new fuel farm is under construction
How often are tanks inspected? _____ By Whom: Self Service

7. Describe all non-aviation activities conducted on the Airport (include storage, lodging, industrial, etc.): N/A

8. Does the Airport:
- a) Maintain Air Crash Emergency Plan? Yes No
 - b) Maintain Anti Terrorist Plan? Yes No
 - c) Employ Medical Personnel? Yes No

If Yes, please describe: Security PLAN, Emergency medical Technicians Stationed at Airport

d) Base firefighting vehicles on the airport at all times? Yes No

If No, what is distance to closest fire department station? _____ Miles

e) Maintain Bird Strike Prevention Program? Yes No

f) Operate Airport vehicles ON the Airport? Yes No

If Yes, please describe _____

g) Operate Airport vehicles OFF the Airport? Yes No

If Yes, please describe _____

h) Own, operate, use or maintain any off-premises locations for which coverage is requested? Yes No

If Yes, please describe all locations and uses: _____

i) Charge parking fees? Yes No No. of Spaces _____ Area of Parking Lot _____

j) Host or sponsor Air Shows, Contests or Exhibitions? Yes No If Yes, describe: _____

k) Operate any of the following:

Elevators Yes No How Many? _____ Who Maintains? _____

Escalators Yes No How Many? _____ Who Maintains? _____

Moving Sidewalks Yes No How Many? _____ Who Maintains? _____

Automated Passenger Trains Yes No How Many? _____ Who Maintains? _____

l) Employ janitorial service? Yes No

9. Is the Airport completely fenced? Yes No

Does the Airport maintain an Airport Security Patrol? Yes No If Yes, describe: Not 24/7

Is the Airport patrolled by local police? Yes No If Yes, how often? Stationed there

10. Are there any active, inactive or abandoned dumps, landfills or aircraft salvage yards located on, adjacent to or nearby the Airport?

Yes No If Yes, Please provide details: _____

11. Estimated Number of Aircraft Landings: No Records Available - Executive Airport
No Commercial Service

	Last Year	This Year	Next Year (Est.)
General Aviation			
Commuter Airlines			
Other Airlines			
Military			
Total Landings			

12. Estimated Number of Enplaned Passengers: This Year _____ Next Year _____ (Estimated)

13. Largest Aircraft Using Airport: Challenger 604
 Make & Model

Operated by: _____

14. List all scheduled carriers using the Airport: NONE

III. PRODUCTS / COMPLETED OPERATIONS OF APPLICANT: (Indicate all operations and estimated gross receipts)

Does the Airport provide Any of the following?

		Yes / No	Previous Year's	Current Year's	Next Year's Estimated
			Gross Sales	Gross Sales	Gross Sales
A.	Aircraft Fueling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u>No records available</u>	\$ <u>under construction</u>	\$ <u>under construction</u>
	1) Airlines Including Commuters	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	2) Other Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
	If Yes, frequency of fuel testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$
B.	Aircraft Maintenance & Repairs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
C.	Aircraft Parts or Accessory Sales	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
D.	Cargo / Baggage Handling or Storage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
E.	Passenger Baggage or Security Operations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
F.	Aircraft Towing (In or out of Hangars)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
G.	Aircraft De-icing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
H.	Restaurant or Vending Machines	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
I.	Renting space for Retail or Service Operations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$	\$	\$
J.	Renting or Leasing Land or Buildings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ <u>160,000</u>	\$	\$
K.	Other Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$

IV. CONSTRUCTION BY INDEPENDENT CONTRACTORS

Show Estimated Cost by type of construction expected during the next 12 months:

Runways & Taxiways \$ City has applied for FAA Grants, we are expecting them
 All Others \$ to be awarded, nothing firm.

V. CONTRACTUAL LIABILITY

All written contracts and agreements must be submitted to the insurance company within 30 days of the date on which the Airport receives the document. Additional premium may be charged for the inclusion of such contract or agreement.

VI. HANGARKEEPERS LIABILITY

1) Does the Airport have any non-owned aircraft in its custody for storage, safekeeping, repair and / or servicing? Yes No
If Yes, then complete the following questions:

2) Number of hangars: _____ Number of tie-down / parking spaces: 12

3) Describe each hangar providing age, construction material, size and fire sprinkler details: _____
All hangars are over a decade old. There is no fire suppression installed on any hangar. There are fire hydrants throughout the property.

- 4) Average value of ANY one Aircraft \$ _____
- 5) Average value of ALL Aircraft: \$ _____
- 6) Maximum value of ANY one Aircraft \$ _____
- 7) Maximum value of ALL Aircraft \$ _____
- 8) Maximum value in ANY one hangar \$ _____
Maximum value on ANY one tie-down ramp \$ _____

9) Rental / Leasing Operations

	<u>Current Year</u>	<u>Last Year</u>
a) Gross revenues for hangar rental or lease	\$ _____	\$ _____
b) Gross revenues for tie-down rental or lease	\$ _____	\$ _____

VIII. LOSS HISTORY

List ALL claims occurring during the past 5 years other than those associated with Workers Compensation. Attach separate sheet(s) if necessary. Attach loss runs provided by your insurance company if available.

DATE OF LOSS	DESCRIPTION OF LOSS	PAID	CLAIMS DATA	
			OUTSTANDING RESERVES	EXPENSES
<u>7/10/2012</u>	<u>Weather damage to Corporate Hangar</u>	\$ <u>23,816.00</u>	\$ <u>None</u>	\$
<u>7/10/2012</u>	<u>Lightning damage to Electrical</u>	\$ <u>13,048.00</u>	\$ <u>None</u>	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Are loss amounts shown above reduced by a deductible? Yes No If Yes, specify amount \$ 2,000.

Are loss amounts shown above reduced by a self-insured retention? Yes No If Yes, specify amount \$ _____

Has any Insurer cancelled, declined or refused to renew the Applicant's Insurance? Yes No If Yes, explain: _____

IX. CURRENT INSURANCE

Name of current Insurer: ACE Property and Casualty Insurance Company
Expiration Date of current coverage: October 1, 2016

Current Policy Limits: \$ 2,000,000 Premium: \$ 3,279.00

Single Limit Bodily Injury, and Property Damage Liability Combined #2,000,000, each occurrence and annual aggregate as respects Patients + Completed Operations - Contractual Liability. Personal Injury is included for a sublimit of not more than \$50,000 any one offense/aggregate.

X. REQUESTED COVERAGE AND LIMITS

- 1. Limit A. Combined Single Limit \$ _____
- B. Bodily Injury \$ _____ Each Person \$ _____ Each Occurrence
Property Damage \$ _____

2. Requested Coverage(s):

- Premises & Operations
- Products & Completed Operations
- Contractual Liability
- Owners & Contractors Protective
- Premises Medical Payments \$ _____ Per Person
\$ _____ Per Occurrence
- Personal Injury Including OR Excluding Advertising Liability
- Hangarkeepers Liability \$ _____ Per Person
\$ _____ Per Occurrence

"Please see the attached Coverage + Limits on our Current Policy"

Other (specify): _____

I the undersigned, hereby declare and warrant that all of the particulars and answers given herein are true and complete in every respect to the best of my knowledge and belief, and that no material information has been withheld or suppressed and I/we agree that this application shall be a basis of my acceptance by W. Brown & Associates Insurance Services. **FRAUD WARNING:** 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 and subjects such person to criminal and civil penalties.

Applicant's Signature: *[Signature]* Date: 6/16/15
Printed Name: JULIAN DELEON Title: City Mgr

This Application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to bind this insurance.



CITY OF AVON PARK
2014-2015 RENEWAL PROPOSAL
PROPERTY & CASUALTY INSURANCE
October 1, 2014 – October 1, 2015

AIRPORT OWNERS AND OPERATORS LIABILITY QUOTATION
With
ACE PROPERTY AND CASUALTY INSURANCE COMPANY
(AA- S&P, A+ XV Best)

In accordance with your request, we are pleased to provide the following quotation:

Please read this quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this quotation are not included. The terms and conditions of this quotation supersede the submitted insurance specifications and all prior quotations and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer. This quotation has been constructed in reliance on the data provided in the submission. A material change or misrepresentation of that data voids this quotation.

***** **THREE YEAR FIXED PREMIUM POLICY OPTION** *****

We offer the option for a three year policy term with premium fixed at three times the annual terms shown in this quotation. Premium to be paid in three equal annual installments.

NAMED INSURED: Public Risk Management of Florida

NAMED INSURED'S ADDRESS: 3434 Hancock Bridge Parkway, Suite #203
Fort Myers, Florida 33903

PERIOD: From: October 1, 2014 To: October 1, 2015
both days at 12.01a.m. Local Time at the address of the Named Insured.

INTEREST: The Insured's legal liability, to which this policy applies, arising out of the Insured's Airport operations at the following airport location(s):
AVO FL Avon Park Municipal Airport, Avon Park, FL

SUM: \$2,000,000 each occurrence/offense in respect of Bodily Injury, Personal and Advertising and Property Damage combined, subject to the following limitations:

INSURED: Products-Completed Operations Annual Aggregate Limit

. . . . \$2,000,000

Personal Injury and Advertising Injury Annual Aggregate limit \$2,000,000

Malpractice Annual Aggregate Limit \$2,000,000

Extended Coverage - War, Hi-jacking and Other Perils Annual Aggregate Limit. \$2,000,000

Fire Damage Limit Any One Fire \$100,000

Medical Expense Limit Any One Person \$1,000

Hangarkeepers not "in flight" Limit Any One occurrence \$1,000,000

Hangarkeepers not "in flight" Limit Any One Aircraft \$1,000,000

Non-Owned Aircraft Liability. \$2,000,000

CONDITIONS: The Airport Owners and Operators General Liability Policy contains, inter alia, the following exclusion clauses:
War, Hi-Jacking and Other Perils Exclusion Clause
Noise, Pollution and Other Perils Exclusion Clause
The policy is also subject to the following:
60 days notice of cancellation, non-renewal or reduction in coverage by Insurer, but
10 days notice for non-payment of premium. This provision does not override the Automatic Termination review or cancellation provisions of endorsements AAP 203 or AAP 237