



Name of Broker: \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of Insured: \_\_\_\_\_

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

Proposed Effective Date: \_\_\_\_\_ # of Years in Business (Same Owner): \_\_\_\_\_

\_\_\_\_ Corporation \_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Limited Corporation \_\_\_\_ Other: \_\_\_\_\_

Type of Risk (Check all that apply):  
 FBO  Priv Hangar  Ag/Aerial  A/C Repair  A/C Assembly  Painting  
 Reg/Muni Airport  Charter Operator  Avionics  Flight School  A/C Museum  Aerial Photo  A/C Part Sales  A/C Sales  
 Helicopter Operator  A/C Parts Mfg.  Airline  Other (Describe): \_\_\_\_\_

Blanket Coverage:  Yes  No Valuation:  RCV or  ACV Agreed Amt:  Yes  No

**PROPERTY COVERAGE SCHEDULE**

*Location #1*

Location Address: _____					
Year Built	Construction	Sq. Ft.	Protection Class	Sprinklered?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building updates if over 30 years old; Year:    Wiring    / Roofing    / Plumbing    / Heating					
Airport Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No					
Fire Department on premises <input type="checkbox"/> Yes <input type="checkbox"/> No					
Coverage (Bld, BPP, BI/EE)	Limit	Coins %	Deductibles (\$1000 min)	Special Forms	Occupancy
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		

*Location #2*

Location Address: _____					
Year Built	Construction	Sq. Ft.	Protection Class	Sprinklered?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building updates if over 30 years old; Year:    Wiring    / Roofing    / Plumbing    / Heating					
Airport Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No					
Fire Department on premises <input type="checkbox"/> Yes <input type="checkbox"/> No					
Coverage (Bld, BPP, BI/EE)	Limit	Coins %	Deductibles (\$1000 min)	Special Forms	Occupancy
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		
	\$	%	\$		

**Building 1**

**Building 2**

**Building 3**

Management Present at Premises

Inspection Program of Premises

Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No

