

SkySurance

Airport Insurance Application (FBO'S)
(For Renewal Use Only)

Lorain County Regional Airport
 44050 Russia Road
 Elyria, Ohio 44035
 Telephone: 440-323-3300, 800-545-3262
 Fax: 440-323-8953

This application is for the renewal of Policy No. _____ Expiration Date: _____

GENERAL INFORMATION

APPLICANT: _____

ADDRESS: _____

1. OPERATIONS OF APPLICANT

	ESTIMATED REVENUES PAST 12 MONTHS		ESTIMATED REVENUES NEXT 12 MONTHS
Aircraft Repair & Service	\$ _____	Aircraft Repair & Service	\$ _____
Fuel & Lubricants	\$ _____	Fuel & Lubricants	\$ _____
Engine Overhaul	\$ _____	Engine Overhaul	\$ _____
New Aircraft Sales	\$ _____	New Aircraft Sales	\$ _____
Used Aircraft Sales	\$ _____	Used Aircraft Sales	\$ _____
Aircraft Parts (No Install)	\$ _____	Aircraft Parts (No Install)	\$ _____
Tie Down & Hangaring	\$ _____	Tie Down & Hangaring	\$ _____
Propeller Repair / Overhaul	\$ _____	Propeller Repair / Overhaul	\$ _____
Aircraft Charter	\$ _____	Aircraft Charter	\$ _____
Rental & Instruction	\$ _____	Rental & Instruction	\$ _____
Helicopter Repair & Service	\$ _____	Helicopter Repair & Service	\$ _____
Automobile Parking	\$ _____	Automobile Parking	\$ _____
Aircraft Painting	\$ _____	Aircraft Painting	\$ _____
Restaurant	\$ _____	Restaurant	\$ _____
All Other Sources	\$ _____	All Other Sources	\$ _____

Have any of the applicant's operations changed during the **past** 12 months? Yes No If "Yes", provide details.

Are any changes in ownership or operations anticipated during the **next** 12 months? Yes No If "Yes", provide details.

Has the ownership or operation of the host airport changed during the past 12 months? Yes No If "Yes", provide details.

11. LIABILITY COVERAGE AND LIMITS

Are any changes being requested in the existing policy terms or limits at renewal? Yes No If "Yes", provide details.

III. LOSS HISTORY

Is any applicant aware of unreported aircraft / aviation losses, claims or incidents? Yes No If "Yes", provide details.

All particulars herein are warranted to be true and complete to the best of my / our knowledge and no information has been withheld or suppressed and I / we agree that this Application and the terms and conditions of the policy in use by the Insurer shall be the basis of any contract between me / us and the Insurer. I / we hereby authorize the Company to investigate all or any qualifications or statements made herein. **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: _____ Date: _____

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