

HANGAR INSURANCE APPLICATION



Applicant: _____ Effective Date: _____
 Mailing Address: _____
 Location Address: _____
 Nature of Business: _____

Property Description & Coverage Schedule: (Must Be Completed)

	Location/Bldg #1	Location/Bldg #2	Location/Bldg #3
Building Value	\$	\$	\$
Your Business	\$	\$	\$
Personal Property	\$	\$	\$
Personal Property of Others	\$	\$	\$
Extra Expense	\$	\$	\$
Electronic Data Processing Equip	\$	\$	\$
Misc. Tools	\$	\$	\$
Employee Tools	\$	\$	\$
Mobile Equipment	\$	\$	\$
Flood	\$	\$	\$
Fuel Tanks	\$	\$	\$
Premises Liability	\$	\$	\$
Area in Square Feet			
Building Construction (Type)			
Sprinklered: Yes / No			
Year Built			

FEIN/SS# _____ Name of Airport _____

Alarm System: Yes No Airport Fenced: Yes No

Painting/Upholstery work done on premises? No
 If yes, describe _____

Years in Business: _____

Building updates (if over 25 years old) Indicate Year: Roofing _____ Plumbing _____
Heating _____ Other _____

Occupancy (Type of Contents Kept In Building): _____

Prior Insurance (Last 3 Years)

Policy Term: _____ Carrier: _____ Premium: _____

Policy Term: _____ Carrier: _____ Premium: _____

Policy Term: _____ Carrier: _____ Premium: _____

If Coverage Includes Fuel Tanks: ABOVE GROUND _____ UNDERGROUND _____

Loss Details: _____

Comments: _____

Signed: Insured _____ Date _____

Broker: _____ Date _____