

HANGAR INSURANCE APPLICATION



Applicant: _____ Effective Date: _____
 Mailing Address: _____
 Phone: _____ Email 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			
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? Yes 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:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

Signed: Insured _____ Date _____

Broker: _____ Date _____