



EAA Aviation General Liability Insurance Application

Administered by:
Falcon Insurance Agency, Inc.
P.O. Box 291388
Kerrville, TX 78029
866.647.4322
eaafalcon@falconinsurance.com

Applicant Information

Name: _____	EAA #: _____	Applicant Is (Select One): _____
Mailing Address: _____		
Phone: _____	Email: _____	Business/Occupation: _____
Insurance Requested From: 12:01 AM _____ To 12:01 AM _____		

Premises & Operations Information

Description and location of premises to be insured: _____
Applicant's interest in premises: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (Describe Below): _____
Description and location of premises or facilities used on a permanent, occasional or temporary basis in conjunction with the premises or business described above: _____
Does applicant own, operate, use or maintain any off-airport premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe all locations and uses: _____
Premises Manager's Name: _____ Year's Experience In Aviation Operations: ____ Year's Employed By Applicant: ____
Do you lease space for or have any tenants that provide any type of services from your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what services do they perform? _____ What liability coverages are they required to carry? _____
Are there any non-aviation activities on airport premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
Have you entered in to any contracts in which you assume the liability of others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
Is applicant responsible for inspection and maintenance of ramps, taxiways or runway? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____



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Applicant's Vehicles

Identify the number of vehicles owned by, operated by, or leased to Applicant.

Snow removal equipment: ____ **Crash-fire rescue vehicles:** ____ **Fuel trucks:** ____ **Hydrant cars:** ____ **Sweepers:** ____

Passenger cars: ____ **Tugs:** ____ **Pickup trucks:** ____ **Passenger buses over 30 seats:** ____ **Other (Describe Below):** ____

Other vehicles:

Describe any operation of vehicle(s) off airport premises:

Does applicant purchase primary liability coverage for these vehicles? Yes No
If yes, what limit(s) and what carrier(s):

Does applicant have a training or licensing program for drivers operating in aircraft movement areas? Yes No
If yes, describe:

Products/Completed Operations

Does the applicant engage in:	If applicable, please provide gross annual sales receipts for:			
Sale Of Aircraft	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
Sale of used piston aircraft				
Sale of new piston aircraft				
Sale of turbine fixed wing aircraft				
Sale of rotor wing aircraft				
Sale Of Parts Not Installed	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
New fixed wing parts				
Used fixed wing parts				
New rotorwing parts				
Used rotorwing parts				
Sales Of Fuel And Oil	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
100 LL				
Jet A				
Pumping Fee				
Fuel Distributor (no aircraft contact or refining)				
Aircraft De-ice	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
General aviation aircraft				
Commercial airline aircraft				
General Maintenance/Annual Inspection	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
Piston				
Turbine				
Rotorcraft				
Military				
Heavy Maintenance/Annual Inspection	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
Piston				
Turbine				
Rotorcraft				
Military				



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Products/Completed Operations (Cont.)

Major Repair/Engine Overhaul/Airframe Modification	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
Piston				
Turbine				
Rotorcraft				
Military				
Component Overhaul	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
Description:				
Description:				
Description:				
Towing, Moving Or Parking Of Aircraft	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
General aviation aircraft				
Commercial/airline aircraft				
Other Services	Yes	No	Last Year (Actual)	This Year (Estimated/Actual)
Avionics repair and services				
Avionics cleaning				
Aircraft cleaning				
Aircraft painting				
Sale of airport ground equipment				
Maintenance of airport ground equipment				
Catering of food and beverage				
Employee leasing (contract must be approved)				
Airport services air field maintenance (GA Airport)				

Number of mechanics on staff: ____ **Number of inspectors on staff:** ____
Do applicant's mechanics attend formal school? Yes No
Describe type of training received:

Are there fuel tanks on applicant's premises? Yes No
If so, who owns and maintains fuel tanks?

Is there a formal training program in place for fuel handling and aircraft fueling procedures? Yes No
If yes, describe:

Non-owned Aircraft

Does applicant use non-owned aircraft on business? Yes No
If yes, describe usage/hours flown:

Describe types of aircraft flown on business and purpose:

Do you provide aircraft concierge service or arrange charter services for others? Yes No
If yes, describe usage/hours flown:



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Non-owned Aircraft (Cont.)

<p>Do you perform maintenance test flights? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe type of aircraft test flown:</p>		
<p>Does applicant sponsor or participate in any shows, contests or exhibitions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:</p>		
Number Of Hours Flown	By Employees	By Others
Annually in all non-owned aircraft on applicant's business:		
In chartered aircraft:		
In rented/leased aircraft:		
In borrowed aircraft:		
In aircraft worked upon:		

Coverage & Limits Requested

Coverage	Limit Requested
Each occurrence:	
Damage to premises rented to you:	
Medical expense:	
Personal & advertising injury aggregate limit:	
General aggregate limit:	
Products/completed operations aggregate limit:	

Hangarkeepers Coverage & Limits Requested

Coverage	Limit Requested
Each aircraft limit:	
Each loss limit:	
Hangarkeeper's deductible:	

Insurance & Claims History

<p>Has applicant had any losses or claims in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach loss runs for the last 7 years minimum, along with description of losses.</p>
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN:

ALABAMA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ARKANSAS

PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.



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COLORADO

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY

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.

LOUISIANA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

OHIO

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.



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OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

OREGON

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

PENNSYLVANIA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. TENNESSEE, VIRGINIA AND WASHINGTON IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

RHODE ISLAND AND WEST VIRGINIA

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

<p>All particulars herein are declared 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 hereby authorize the insurer to investigate all or any qualifications or statements contained herein.</p>	
<p>Applicant's Signature(s):</p>	<p>Date:</p>
<p>THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.</p>	
<p>Name of person completing application:</p>	
<p>Relation to applicant / named insured:</p>	
<p>Name of agent or broker: Falcon Insurance Agency, Inc. (EAA Insurance Solutions)</p>	
<p>Address: P.O. Box 291388, Kerrville, TX 78029</p>	
<p>Are you the holding producer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many years?</p>	