



Commercial Business Unit

## FIXED BASE OPERATOR ENVIRONMENTAL COVERAGE APPLICATION

This Application Is For A "Claims-Made and Reported"  
Pollution and Remediation Legal Liability Policy"  
PLEASE READ IT CAREFULLY.

### Section 1 – APPLICANT INFORMATION

|                       |                |
|-----------------------|----------------|
| Applicant Name:       |                |
| Applicant Address:    |                |
| Contact Name:         | Contact Title: |
| Telephone:            | Fax:           |
| E-mail:               | Website:       |
| Gross Annual Revenue: |                |
| Number of Employees:  |                |

### Section 2 – SITE INFORMATION

- Name of airport that operations are performed at: \_\_\_\_\_
- Address of airport operations are performed at: \_\_\_\_\_
- What is the largest aircraft that this airport can facilitate? \_\_\_\_\_
- Provide the following information for each runway at the airport:

| Runway Identification # | Length (feet) | Width (feet) |
|-------------------------|---------------|--------------|
|                         |               |              |
|                         |               |              |
|                         |               |              |
|                         |               |              |

### Section 3 – OPERATIONS:

Check all operations you perform at this location:

- aircraft refueling, 
  aircraft repairs, 
  aircraft painting, 
  de-icing

### Section 4 – FUELING VEHICLES

List all fueling vehicles used at this location:

| Vehicle Make & Model | Vehicle ID # | Capacity (gallons) | Licensed? (Yes or No) |
|----------------------|--------------|--------------------|-----------------------|
|                      |              |                    |                       |
|                      |              |                    |                       |
|                      |              |                    |                       |
|                      |              |                    |                       |
|                      |              |                    |                       |

**Section 5 – FUEL STORAGE TANKS  
Aboveground Storage Tanks (ASTs) and Underground Storage Tanks (USTs):**

- a. What is your annual throughput of fuel (in gallons)? \_\_\_\_\_
- b. Are there any plans to remove any UST within the next 12 months?  Yes  No  
If Yes, please identify: \_\_\_\_\_
- c. Are you responsible for any underground fuel hydrant systems?  Yes  No  
If Yes, please provide details separately.
- d. For all ASTs, complete the following table:

| Contents | Construction Material | Capacity (gallons) | Year Installed | Secondary Containment Description | Date of Most Recent Tank Tightness Test |
|----------|-----------------------|--------------------|----------------|-----------------------------------|---|
|          |                       |                    |                |                                   |   |
|          |                       |                    |                |                                   |   |
|          |                       |                    |                |                                   |   |
|          |                       |                    |                |                                   |   |
|          |                       |                    |                |                                   |   |

- e. For all USTs, complete the following table:

| Contents | Construction Material | Capacity (gallons) | Year Installed | Description of Leak Detection | Date of Most Recent Tank Tightness Test |
|----------|-----------------------|--------------------|----------------|-------------------------------|---|
|          |                       |                    |                |                               |   |
|          |                       |                    |                |                               |   |
|          |                       |                    |                |                               |   |
|          |                       |                    |                |                               |   |
|          |                       |                    |                |                               |   |

- f. If the UST has continuous interstitial monitoring, when was the last time the monitoring system was tested? \_\_\_\_\_

**Section 6 – DE-ICING OPERATIONS**

- a. What specific chemicals do you use for de-icing?  
 Ethylene Glycol,  Diethylene Glycol,  Propylene Glycol,  
 Other (please specify): \_\_\_\_\_
- b. Are de-icing operations performed in a self-contained area?  Yes  No  
If Yes, please describe: \_\_\_\_\_

**Section 7 – PAINTING OPERATIONS**

- a. Is all painting and/or stripping performed in a self-contained area?  Yes  No  
If Yes, please describe: \_\_\_\_\_
- b. What chemicals and/or processes do you use for stripping paint? \_\_\_\_\_



## LIMIT OF LIABILITY DISCLOSURE

By execution of this document, the applicant acknowledges that the Limit of Liability under this Policy is shared among multiple insureds and that the limits available to this applicant may be eroded by other insureds.

## FRAUD WARNINGS

**NOTICE TO ARKANSAS APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** 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, 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.

**NOTICE TO D.C. APPLICANTS: 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS, EXCEPT AUTOMOBILE INSURANCE APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS FOR AUTOMOBILE INSURANCE:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE:** 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**NOTICE TO OHIO APPLICANTS:** Any person who, with 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.

**NOTICE TO OKLAHOMA APPLICANTS: 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS FOR AUTO INSURANCE:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefitor knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TENNESSEE APPLICANTS: Workers Compensation:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS: Workers Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.**

*(Fraud Language Revised 04/01/10)*

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker  
Name: \_\_\_\_\_