



AVIATION SPECIALTY RISK  
A DIVISION OF ATLANTIC SPECIALTY RISK

# Property Insurance Application

Exact Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Contact Name/Phone #: \_\_\_\_\_

Applicant's Business or Occupation: \_\_\_\_\_

Submitted Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## Property Description & Coverage Schedule: (Must Be Completed)

	Location/Bldg.#1	Location/Bldg.#2	Location/Bldg#3	Location/Bldg#4
Building Value				
Your Business Personal Property				
Personal Property of Others				
Extra Expense				
EDP				
Misc. Tools				
Employee Tools				
Mobile Equipment				
Flood				
Fuel Tanks				
Premises Liability				
Commercial General Liability				
Misc. Coverage				
Misc. Coverage				
Misc. Coverage				
Misc. Coverage				
Area in Square Feet				
Building Construction				
Sprinklered: Yes or No				
Year Built				

Airport Name \_\_\_\_\_ Identifier \_\_\_\_\_

Address of Building/Property \_\_\_\_\_

Alarm System: \_\_\_\_\_ Airport Fenced: \_\_\_\_\_ Fire Department on Airport: \_\_\_\_\_

Tower: \_\_\_\_\_ Hours \_\_\_\_\_

Repair, Service Work or Painting done in Hangar: \_\_\_\_\_ If Yes Describe: \_\_\_\_\_

Occupancy (Type of Contents kept in Building) \_\_\_\_\_

If Coverage Includes Fuel Tanks:

Name / Address of Mortgagee / Loss Payee / Additional Insured: (please circle which applies, & give description of what it applies to)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Insurance

Policy Term: \_\_\_\_\_ Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Premium: \_\_\_\_\_

Loss Detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent's Comment & Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_