

# Request for Board of Commissioners' Action

**From:** Faye Hughes, County Administrator **Date:** June 28, 2017

**Subject:** Airport Liability Ins. Renewal **Item Number:** VIII-A

Attached please find the renewal application for the 2017-2018 airport liability policy.

Chairman will need a motion to authorize his endorsement on the airport liability policy application.

Motion made by \_\_\_\_\_

Second made by \_\_\_\_\_

Any discussion: \_\_\_\_\_  
\_\_\_\_\_

Votes \_\_\_\_\_ yes \_\_\_\_\_ no

Motion carried/ failed

## AIRPORT INSURANCE APPLICATION

NAME OF APPLICANT Cook County Commissioners Airport Identifier 15 J  
 ADDRESS 1200 S. Hutchinson Ave., Adel, GA 31620  
 APPLICANT: ☐ Individual ☐ Corporation ☐ Partnership (name each partner) ☒ Local Gov't.  
 Whose business is: Airport  
 INSURANCE REQUESTED FROM 12:01 A.M. 08 / 09 / 2017 TO 12:01 A.M. 08 / 08 / 2018  
 Name of Airport Cook County Airport located 2 miles W of Adel (city)  
 Airport Manager \_\_\_\_\_ Phone No. 229-896-2266  
 APPLICANT: ☐ Tenant ☐ General Lease ☐ Airport Owner Present Insurance Expires \_\_\_\_\_

### OPERATIONS of APPLICANT: Indicate all operations and estimated annual gross receipts.

List other sources and receipts below.

Fuel & Lubricants	\$2500	Airshows	\$
Tiedowns & Hanging	\$4000	Aircraft Maintenance	\$
Landing Fees	\$	Aircraft Charter	\$
New Aircraft	\$	Rental & Instruction	\$
Used Aircraft	\$	Restaurant	\$
Aircraft Parts	\$	Auto Parking	\$

Dispensed by ☐ Truck ☐ Hydrant ☒ Gas Pump ☐ Gas Pit Other ☒ owner of plane  
 FUELING: On Premises ☐ YES ☐ NO ☐ Done by Applicant ☐ YES ☒ NO  
 Annual Gallonage General Aviation \_\_\_\_\_ Airline \_\_\_\_\_ Military \_\_\_\_\_  
 Type of Fuel Sold Avgas ☒ Jet Fuel ☒ Aircraft Auto Gas \_\_\_\_\_  
 Fuel Storage Facilities Above Ground ☒ gallons 25000 Underground \_\_\_\_\_ gallons

TIE DOWN / HANGARING by APPLICANT (are aircraft of others taxed, towed or moved by applicant?) ☐ YES ☐ NO  
 Number of Tie Down Spaces \_\_\_\_\_ T-hangers 15 Multiple aircraft hangars 15  
 Number of aircraft tied down \_\_\_\_\_ In T-hangers \_\_\_\_\_ In multiple aircraft hangars \_\_\_\_\_  
 Highest value a/c: tied down \_\_\_\_\_ In T-hangers \_\_\_\_\_ In multiple aircraft hangars \_\_\_\_\_  
 Total value all a/c: tied down \_\_\_\_\_ In T-hangers \_\_\_\_\_ In multiple aircraft hangars \_\_\_\_\_

### APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

Indicate the number and type of vehicles maintained for use exclusively on the airport premises:

Fuel Trucks \_\_\_\_\_ Sweepers \_\_\_\_\_ Snow Removal \_\_\_\_\_ Fire Engines \_\_\_\_\_  
 Hydrant Carts \_\_\_\_\_ Pickup Trucks \_\_\_\_\_ Passenger Cars \_\_\_\_\_ Tugs \_\_\_\_\_ Other \_\_\_\_\_  
 State number of: Elevators \_\_\_\_\_ Escalators \_\_\_\_\_ Moving Sidewalks \_\_\_\_\_  
 State number of Airplanes owned or operated by Applicant \_\_\_\_\_ Number of Helicopters \_\_\_\_\_

### CONTRACTS: Has Applicant entered into any written agreements assuming the liability of others, such as lease of premises,

Fuel supplier, equipment lease, ect? ☐ NO ☐ YES (attach copies)  
 Does Applicant use uniform customer contracts for hangaring, service, ect? ☐ NO ☐ YES (attach copies)  
 Does Applicant require "Hold Harmless" coverage? ☐ YES ☐ NO  
 Give details of minimum limits required from: Airlines \$ \_\_\_\_\_ FBO's \$ \_\_\_\_\_ Concessionaires \$ \_\_\_\_\_  
 Is Applicant named as Additional Insured? ☐ YES ☐ NO

### CONSTRUCTION: By independent Contractors—Show estimated cost by type of construction

Runways & Taxiways \$ \_\_\_\_\_ current year \$ \_\_\_\_\_ next year \$ \_\_\_\_\_ next three years \$ \_\_\_\_\_  
 All others (describe) \$ \_\_\_\_\_ current year \$ \_\_\_\_\_ next year \$ \_\_\_\_\_ next three years \$ \_\_\_\_\_

Form No. 104-1  
(Rev. 1-25-60)

# INVESTIGATION REPORT

NAME OF SUBJECT

Black County Commission

DATE OF REPORT

Black County

☐ Investigator ☐ Supervisor ☐ Other

☐ Investigator ☐ Supervisor ☐ Other

☐ Investigator ☐ Supervisor ☐ Other

☐ Investigator ☐ Supervisor ☐ Other

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FIXED BASE OPERATORS: List names of FBO's on airport premises

AIRPORT DESCRIPTION: Elevation \_\_\_\_\_ ft. Longest runway \_\_\_\_\_ ft. Airport Identification \_\_\_\_\_  
Number of aircraft based at airport: Airline \_\_\_\_\_ General Aviation \_\_\_\_\_ Military \_\_\_\_\_  
Runway Construction: ☐ Concrete ☐ Turf ☐ Blacktop ☐ Other \_\_\_\_\_ Runway Lighted ☐ YES ☐ NO  
Aircraft traffic is controlled: ☐ NO ☐ YES ☐ FAA ☐ Non-Federal ☐ Unicom operated by: \_\_\_\_\_  
Is there an airport manager? ☐ NO ☐ YES (employed by: \_\_\_\_\_) ☐ Applicant ☐ Independent Contractor (furnish contract) \_\_\_\_\_  
Is manager on premises during hours of operation? ☐ YES ☐ NO Hours of operation \_\_\_\_\_ to \_\_\_\_\_  
Fire Station located at airport? ☐ YES ☐ NO Location \_\_\_\_\_ miles from the airport  
Is airport fenced? ☐ YES ☐ NO Who maintains the airport? \_\_\_\_\_  
Does the insured own, operate or maintain any navigation aids? ☐ NO ☐ YES (describe) \_\_\_\_\_  
If Applicant is Owner or General Lessee, attach a diagram of premises or FAA Form 5010-1  
Are airport premises used for any recreational or non-aviation activities? ☐ NO ☐ YES (describe) \_\_\_\_\_

List Airlines and Scheduled Air Carriers / Taxies that serve airport currently and the next three years

Largest value aircraft using airport: Aircraft _____	Value \$ <u>3 million</u>		
	Present Year	Next Year (est.)	Following Year (est.)
Total Estimated:			
Revenue Passengers (enplaned)		<u>N/A</u>	
Airline Aircraft (landings)			
General Aviation Aircraft (landings)			
Military Aircraft (landings)			

LIABILITY COVERAGE (State limits of liability desired)	Each Person	Each Occurrence
Bodily Injury Liability	\$ XXXX	\$ <u>1 million</u>
Property Damage Liability	\$ XXXX	\$ _____
Single Limit Bodily Injury and Property Damage	\$ XXXX	\$ _____
	Each Aircraft	
Ground Hangarkeepers Liability	\$ _____	\$ <u>100,000</u>

#### LOSS HISTORY and PREVIOUS AVIATION INSURANCE

Explain each "YES" answer

Has Applicant had any airport/aviation losses/claims during last five years? ☐ NO ☒ YES  
Has any insurer cancelled, declined or refused to renew any airport/aviation insurance? ☒ NO ☐ YES  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of last or present airport/aviation company: \_\_\_\_\_

Present limit of liability: \$ \_\_\_\_\_ Present Deductible: \$ \_\_\_\_\_

All particulars herein are warranted 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.

Date 7 / 03 / 2017 ✓

Personal signature of Applicant or Authorized executive is required

Dwight E Purvis, Chairman

Any person who knowingly and with intent to defraud an 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.  
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.