

Request for Board of Commissioners' Action

From: Faye Hughes, County Administrator Date: July 12, 2018

Subject: Airport Liability Insurance Application Item Number: VIII-B

The annual airport liability policy application is attached. This policy covers the operations of the airport, not buildings or grounds. This is just the application and although we expect the premium to remain the same, we don't have a quote on the premium at this time. Our 2017 policy premium was \$2124. Once the application is signed, Greene's Insurance will shop for coverage and provide us the new policy and annual premium.

The Chair will need a motion to authorize her endorsement on the airport liability insurance application.

Motion made by _____

Second made by _____

Any discussion: _____

Votes _____ yes _____ no

Motion carried/ failed



P.O. Box 6849
Louisville, KY 40206-0549
Phone: 800-626-5660
Fax: 502-426-7970

AIRPORT INSURANCE APPLICATION

NAME OF APPLICANT <u>Cook Co. Commissioners & Airport Authority</u>		Airport Identifier _____
ADDRESS <u>1200 S. Hutchinson Ave.</u>		<u>Adel Ga. 31600</u>
APPLICANT: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (name each partner) <u>Adel Ga. 31600</u>		
Whose business is: <u>Other</u>		
INSURANCE REQUESTED FROM 12:01 A.M. <u>8.9.18</u> TO 12:01 A.M. <u>8.9.19</u>		
Name of Airport <u>Cook Co. Airport</u>		located _____ miles <u>2</u> of <u>West of Adel</u> (city)
Airport Manager <u>County Office</u>		Phone No <u>529-896-2260</u>
APPLICANT <u>County</u> <input type="checkbox"/> Tenant <input type="checkbox"/> General Lease <input type="checkbox"/> Airport Owner Present Insurance Expires _____		
OPERATIONS of APPLICANT: Indicate all operations and estimated annual gross receipts.		
List other sources and receipts below.		
Fuel & Lubricants \$ <u>2500</u>	Airshows \$ _____	\$ _____
Tiedowns & Hangering \$ <u>4000</u>	Aircraft Maintenance \$ _____	\$ _____
Landing Fees \$ _____	Aircraft Charter \$ _____	\$ _____
New Aircraft \$ _____	Rental & Instruction \$ _____	\$ _____
Used Aircraft \$ _____	Restaurant \$ _____	\$ _____
Aircraft Parts \$ _____	Auto Parking \$ _____	\$ _____
FUELING: Dispensed by <input type="checkbox"/> Truck <input type="checkbox"/> Hydrant <input checked="" type="checkbox"/> Gas Pump <input type="checkbox"/> Gas Pit <input type="checkbox"/> Other _____		
On Premises <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Done by Applicant <input type="checkbox"/> YES <input type="checkbox"/> NO		
Annual Gallonage _____	General Aviation _____	Airline _____ Military _____
Type of Fuel Sold _____	Avgas <input checked="" type="checkbox"/> _____	Jet Fuel _____ Aircraft Auto Gas _____
Fuel Storage Facilities _____	Above Ground _____ gallons	Underground _____ gallons
TIE DOWN / HANGARING by APPLICANT (are aircraft of others taxed, towed or moved by applicant?) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Number of Tie Down Spaces <u>0</u>	T-hangers _____	Multiple aircraft hangars _____
Number of aircraft tied down <u>0</u>	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 <u>0</u> 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)		
Does Applicant use uniform customer contracts for hangaring, service, ect? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)		
Does Applicant require "Hold Harmless" coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Give details of minimum limits required from: Airlines \$ _____ FBO's \$ _____ Concessionaires \$ _____		
Is Applicant named as Additional Insured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 \$ _____		

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

AIRPORT DESCRIPTION: Elevation _____ ft. Longest runway 5000 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 \$		Following Year (est.)
	Present Year	Next Year (est.)	
Total Estimated:			
Revenue Passengers (enplaned) _____	_____	_____	_____
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 mil</u>
Property Damage Liability	\$ XXXX	\$ _____
Single Limit Bodily Injury and Property Damage	\$ XXXX	\$ _____
Ground Hangerkeepers Liability	Each Aircraft \$ _____	\$ <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 _____

Personal signature of Applicant or Authorized executive is required

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.



OLD REPUBLIC INSURANCE COMPANY

Cook County Commissioners and Cook County Airport Authority 2017 / 2018 Premises Liability Quotation

TYPE	Airport Operator's Liability Insurance																								
INSURER	OLD REPUBLIC INSURANCE COMPANY																								
NAMED INSURED	Cook County Commissioners and Cook County Airport Authority																								
ADDRESS	1200 S. Hutchinson Ave. Adel, GA 31620																								
POLICY PERIOD	August 9, 2017 To August 9, 2018 Both at 12:01 a.m. Local Time at the address of the Named Insured.																								
POLICY NUMBER	ORPR 000684 21																								
AIRPORT LOCATION	15J Cook County Airport																								
LIMITS OF INSURANCE	<table><tbody><tr><td>Bodily Injury and Property Damage Liability</td><td></td></tr><tr><td>Each Occurrence Limit</td><td>\$ 1,000,000</td></tr><tr><td>Products - Completed Operations Aggregate Limit</td><td>\$ 1,000,000</td></tr><tr><td>Malpractice Aggregate Limit</td><td>Premises Limit</td></tr><tr><td>Personal / Advertising Injury Aggregate Limit</td><td>Premises Limit</td></tr><tr><td>Fire Damage Limit Any One Fire</td><td>\$ 50,000</td></tr><tr><td>Medical Expense Limit Any One Person</td><td>\$ 1,000</td></tr><tr><td>Medical Expense Limit Any One Occurrence</td><td>\$ 5,000</td></tr><tr><td>Hangarkeepers Limit Any One Aircraft</td><td>\$ 50,000</td></tr><tr><td>Hangarkeepers Limit Any One Occurrence</td><td>\$ 100,000</td></tr><tr><td>Non-owned Aircraft Liability</td><td>Not Covered</td></tr></tbody></table>			Bodily Injury and Property Damage Liability		Each Occurrence Limit	\$ 1,000,000	Products - Completed Operations Aggregate Limit	\$ 1,000,000	Malpractice Aggregate Limit	Premises Limit	Personal / Advertising Injury Aggregate Limit	Premises Limit	Fire Damage Limit Any One Fire	\$ 50,000	Medical Expense Limit Any One Person	\$ 1,000	Medical Expense Limit Any One Occurrence	\$ 5,000	Hangarkeepers Limit Any One Aircraft	\$ 50,000	Hangarkeepers Limit Any One Occurrence	\$ 100,000	Non-owned Aircraft Liability	Not Covered
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ANNUAL PREMIUM	\$ 2,124 Excluding TRIA (Terrorism) and War/Extended Coverage																								
PLUS																									
OPTIONAL COVERAGE	<table><tbody><tr><td>\$ 212</td><td>TRIA (Terrorism)</td></tr><tr><td>\$ 212</td><td>War/Extended Coverage</td></tr></tbody></table>			\$ 212	TRIA (Terrorism)	\$ 212	War/Extended Coverage																		
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**Cook County Commissioners and Cook County Airport Authority
2017 / 2018 Premises Liability Quotation**

CONDITIONS

Policy form: PR 201/202 (11/01) which includes, inter alia, the following exclusionary clauses:
War, Hi-jacking and Other perils exclusion clause, Noise and Pollution and Other Perils
exclusion clause, Radioactive Contamination exclusion clause

The following endorsements will be attached to the policy:

PR204 - Amendment of Noise and Pollution & Other Perils
PR210 - Amendment of Deductible Amounts and Conditions
PR212 - Fees and Expenses included within Deductible Endorsement
PR220 - Immunity Waiver Endorsement
PR231 - Coverage Limitation Endorsement
PR237 - Nuclear Risk Exclusion Clause
PR242 - Personal Injury Limitation Endorsement
PR258 - Airport Parachuting Exclusion
PR267 - Medical Expense Occurrence Limit
PA313 - Asbestos Exclusion
2000a - Date Recognition Exclusion Endorsement
2002A - Date Recognition Limited Coverage Endorsement
PRCAN - Standard Cancellation Provisions
CTXGA - Exclusions of Certified Acts of Terrorism
PR236 - Limited Additional Insured Designated Persons or Organizations Endorsement

COMMENTS

We can offer these terms on a three consecutive annual basis with guaranteed rating provided there are no significant changes to the exposures and the Insured maintains an earned to incurred ratio of 60% or better. PR233 will attach if three year terms are selected. Please advise upon binding request.

QUOTATION

SUBJECT TO

The insured not taking possession of any aircraft and not engaging in direct operations for moving, taxiing, towing or fueling of aircraft that does not belong to the insured.

There being no changes in operations/exposures since last application on file.

No losses from date quoted until date bound.

Old Republic Aerospace quotes and binders are based on our policy provisions, exclusions, conditions, limitations, definitions and endorsements.



OLD REPUBLIC INSURANCE GROUP



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85 % through 2015; 84 % beginning on January 1, 2016; 83 % beginning on January 1, 2017; 82 % beginning on January 1, 2018; 81 % beginning on January 1, 2019 and 80 % beginning on January 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism

FAILURE TO RETURN THIS SIGNED FORM PRIOR TO POLICY INCEPTION INDICATING AN ELECTION TO PURCHASE TERRORISM COVERAGE AS DEFINED BY THE ACT WILL BE DEEMED YOUR REJECTION OF TERRORISM COVERAGE. HOWEVER, PAYMENT OF THE TERRORISM COVERAGE PREMIUM PRIOR TO POLICY INCEPTION WILL BE DEEMED AN ACCEPTANCE OF THIS OFFER OF TERRORISM COVERAGE.

Please indicate your selection by an ☒:

☒ I hereby elect to purchase terrorism coverage for a prospective premium of \$212

☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Cook County Commissioners and Cook County
Airport Authority

Name of Insured

Old Republic Insurance Company

Name of Insurer

ORPR 000684 21

Policy Number

8/9/2017

Effective Date

Policyholder/Applicant's Signature

Print Name

Date



Old Republic Aerospace Inc.
1990 Vaughn Road Suite 350
Kennesaw GA 30144