PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN (GOVERNMENT SERVICE INSURANCE SYSTEM)
Financial Center, Pasay City, Metro Manila

GSIS Headquarters Building
Financial Center, Pasay City
Telephone No.: 479-3670
Fax No.: 8590-314

AIRPORT LIABILITY APPLICATION FORM

Applicant's Name: _____

Mailing Address: _____

_____

Effective: From _____   until _____

BOTH AT 12:01 A.M., standard time at the address in item 2 above.

Applicant is:

□ Government   □ Partnership (name all partners) _____

□ Corporation   _____

□ Estate   □ Others (describe) _____

GENERAL INFORMATION

Name & Location of this Airport (this application is only for one airport location)
_____

_____

Applicant interest in Airport is: □ Owner   □ Lessor

Application is: □ Lessee   □ Trustee   □ Other (describe) _____

If Applicant is Government:

a) Does airport board/authority/commission or transportation authority operate airport?

□ Yes   □No

b) Does applicant submit airport insurance for public bid annually?   □ Yes   □ No

c) Does applicant maintain insurance for all other non-airport operations through commercial insurance carriers?   □ Yes   □ No

If Yes to c, show:

Limits: $ _____   Expiration _____   Deductible/S.I.R.: $ _____

If No to c, describe program fully:

_____

_____

_____ _____(use extra paper to provide full description)

d) Airport Budget Last Year: $_____   This Year: $_____

FAA Airport Classification   _____

List certificate restrictions and exemptions

_____

_____

_____

PREMISES – OPERATIONS

Control Tower Operation:

      □No Control Tower   □ FAA Tower   □Other – Operated by:

_____

_____

Operating Days/Hours are:

_____

Applicant: □ Does   □Does Not Operate Unicom Service

Are any Navaids, Radars, Windshear detectors or aircraft communications owned, leased or maintained by applicant?   □Yes   □ No

Describe:_____

_____

_____

Runways, Taxiways, Ramps inspected/maintained by: □Applicant   □Other (name of Firm)

_____

_____

Does applicant maintain/operate fuel storage facilities?   □Yes □No

a.) If "yes" to above, tanks are: □above ground   □below ground

b.) Frequency of inspections _____

      Non-Aviation activities on Airport: □ Lodging   □Industrial Park   □Storage

            □Farming   □Others: (Describe All Non-Aviation Activities)

      _____

Does Applicant:

a.) Maintain Air Crash emergency Plan? □Yes   □No

b.) Maintain Anti-Terrorist Plan?   □Yes   □No

c.) Employ Medical Personnel?   □Yes   □No

      Do they have separate insurance coverage? □Yes   □No

      Describe _____

d.) Base Fire Fighting vehicles on the airport full time?   □Yes   □No

If No, distance to nearest Fire Department _____ Kilometers/Miles

e.) Maintain Wildlife and Bird Strike prevention program?   □Yes   □No

f.) Own, operate, use or maintain any off-Airport premises to be covered?   □Yes   □No

Describe all locations and uses:

_____

g.) Charge for auto parking? □Yes □No   Number of parking spaces: _____

h.) Host/sponsor or operate Airshows? □Yes □No

Describe _____

i.) (i) Number of:

Elevators	
Escalators	
Moving Sidewalks	
Automated Passenger	
Trains	
Automatic Doors	

(ii) Who maintains?

_____

Is Airport completely fenced in? □Yes □No

a.) Airport security is provided by:

_____

b.) Frequency of patrols: _____

Do they have separate insurance coverage? □Yes □No

Estimated number of aircraft movements this year for:

a.) General aviation _____   b.) Commuter airlines _____

c.) Other airlines _____   d.) Military _____

TOTAL: _____

Estimated number of enplaned passengers this year: _____

Largest Aircraft using Airport (make and model)

_____

By (name of operator):

_____

Runways:

HEADING	LENGTH	WIDTH	SURFACE	DESCRIBE ALL OBSTRUCTIONS

List all Air Carriers using the Airport

_____

_____

PRODUCTS/COMPLETED OPERATIONS

Does Applicant engage in:	YES/NO	GROSS SALES LAST YEAR	ESTIMATED THIS YEAR
a.) Aircraft Fuelling (gallons)	_____	$_____	$_____
b.) Aircraft Maintenance/Repairs	_____	$_____	$_____
c.) Aircraft Parts/Accessories Sales	_____	$_____	$_____
d.) Cargo/Baggage Handling or Storage	_____	$_____	$_____
e.) Jetway or Planemate Operation	_____	$_____	$_____
f.) Passenger or Baggage Security Operations	_____	$_____	$_____
g.) Aircraft Towing	_____	$_____	$_____
h.) Aircraft De-icing	_____	$_____	$_____
i.) Restaurant/Vending Machine Operations	_____	$_____	$_____
j.) Airline ground support services	_____	$_____	$_____
k.) Control Tower	_____	$_____	$_____
l.) Other	_____	$_____	$_____

(List All Other Operations)

HANGARKEEPERS LIABILITY (AIRCRAFT IN YOUR CUSTODY FOR STORAGE / SAFEKEEPING / REPAIR / SERVICING)

a.) Number of hangars _____   b.) Number of tie-down/parking spaces _____

c.) Describe each hangar (show age, construction materials, size and if with sprinkler)

_____

_____use extra papers to provide full description)

d.) Average value any one aircraft $_____   Average total   _____

e.) Maximum value any one aircraft $_____   Total all aircraft   _____

f.) Maximum value:

    (i) any one hangar $_____   (ii) any on tie-down ramp $_____

	LAST YEAR	ESTIMATED THIS YEAR
g.) Gross sales for (i) Hangar rental/lease	$_____	$_____
(ii) Tie down rental/lease	$_____	$_____

CONSTRUCTION, DEMOLITION & ALTERATIONS

Contract costs this year for:	RUNWAYS	OTHER	DESCRIBE WORK
a.) By Applicant	$_____	$_____	_____
b.) By Independent Contractors	$_____	$_____	_____

Is there an owner's controlled insurance program?   □Yes   □No   □Limit $ _____

   If No, minimum limit required of independent contractors: $ _____

   Is applicant included as additional insured: □Yes   □No

CONTRACTUAL LIABILITY – CONTRACTS HELD WITH THE FOLLOWING OPERATIONS:

Designated Contracts	Minimum Required Limits	Is Applicant Held Harmless?	Is Applicant Additional Insured?
a) Commuters & Airlines	$	□Yes □No	□Yes □No
b) Fixed Base Operators	$	□Yes □No	□Yes □No
c) Concessionaires	$	□Yes □No	□Yes □No
d) Contractors	$	□Yes □No	□Yes □No
e) Control Tower Operator	$	□Yes □No	□Yes □No
f) Janitors, escalator maintenance, security	$	□Yes □No	□Yes □No
g) Others		□Yes □No	□Yes □No

h.) Any contracts in which you assume the liability of others?   □Yes   □No

<div align="right">(If Yes, attach copies of contracts)</div>

APPLICANTS VEHICLES:

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

Snow Removal Equipment	
Fuel Trucks	
Sweepers	
Tugs	
Crash-fire-rescue vehicles	
Hydrant carts	
Passenger Cars	
Pick-up Trucks	
Passenger busses over 30 seats	
Passenger busses under 30 seats	
Others	

Describe any operation of vehicle off airport premises: _____

_____

Does applicant maintain automobile liability coverage?   □Yes   □No

Limit? _____

CURRENT INSURANCE

Name of Insurance Company: _____

Expiration Date: _____

Coverages:

_____

_____

Limits: _____

Deductible: $ _____   Premium: $ _____

POLICY DEDUCTIBLE

Each Occurrence: $ _____   Annual Aggregate: $_____

Other coverages, restrictions, endorsements:

_____

_____

NON-OWNED AIRCRAFT: Provide following information with respect to non-owned aircraft operated by or on behalf of the airport:

Does airport use non-owned aircraft on airport business?   □Yes   □No

     If yes, do employees pilot aircraft on airport business?   □Yes   □No

Describe types of aircraft flown on airport business:

_____

_____

_____

	By Employees	By Others
Number of hours flown annually in all non-owned aircraft on applicant's business		
Number of hours flown annually in all non-owned aircraft on applicant's business		
Number of hours flown in rented/leased aircraft		
Number of hours flown in borrowed aircraft		

Provide current pilot experience forms for each employee pilot.

_____

_____

CLAIMS: List all claims for past 5 years – use separate paper to complete

DATE	CAUSE	SETTLED, INCLUDING ALL COSTS	OPEN, INCLUDING RESERVES FOR DEFENSE AND SETTLEMENT

COVERAGES & LIMITS REQUESTED

Coverage	**Limits of Insurance**

Commercial General Liability Coverage

General Aggregate Limit

     (other than Products/Completed Operations) $_____

Products/Completed Operations Aggregate Limit $_____

Personal and Advertising Injury Aggregate Limit $_____

Each Occurrence Limit $_____

Fire Damage Limit (any one fire) $_____

Medical Expense Limit (any one person) $_____

Hangarkeeper's Liability Coverage

     Each Aircraft Limit $_____

     Each Loss Limit $_____

     Deductible

     (each aircraft) $_____

_____   _____

APPLICANT'S SIGNATURE   **DATE**

NAME and DESIGNATION : _____