



Chappell, Smith and Associates, Inc. DBA

# CS&A Aviation Insurance

## Hangar Property Application

### General Information:

|                                     |                         |
|-------------------------------------|-------------------------|
| Name of Applicant:                  |                         |
| Mailing Address:                    |                         |
| City, State, Zip:                   | Contact Name & Phone #: |
| Applicant's Business or Occupation: |                         |
| Submitted Date:                     | Effective Date:         |

### Property Description & Coverage Schedule (must be completed)

| Coverage For                    | 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                            |                  |                  |                  |                  |
| Misc. Coverage-                 |                  |                  |                  |                  |
| Misc. Coverage –                |                  |                  |                  |                  |
| 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: same as mailing address             |                 |                             |
| Alarm System: No  | Airport Fenced: | Fire Department on Airport: |
| Tower: No   | Hours:          |                             |
| Occupancy/Type of Contents Stored in Hangar:                      |                 |                             |
| Repair, Service Work or Painting Done in Hangar (if yes describe) |                 |                             |

|  |
|--|
| Name/Address of Mortgagee/Loss Payee/Additional Insured: |
|  |

|  |                  |                |          |
|--|------------------|----------------|----------|
| Prior Insurance (Last 3 Years) None – new purchase |                  |                |          |
| Policy Term:                                       | Name of Company: | Policy Number: | Premium: |
|  |                  |                |          |
|  |                  |                |          |

|             |
|-------------|
| Loss Detail |
|             |
|             |