



AIRSTRIp QUESTIONNAIRE

Name of Insured: _____ Policy # : _____

Address of Insured: _____ Agency : _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the airstrip on the insured farm premises, and owned by the Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the airstrip for the exclusive use of the Insured's aircraft? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Insured have a separate liability policy covering this exposure?
If yes, list the name of the insuring company, policy number, and limits provided. | <input type="checkbox"/> | <input type="checkbox"/> |
| Company: _____ Policy # : _____ Limits: _____ | | |
| 4. Are there any aircraft (not owned by the Insured) stored at this airstrip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does this airstrip meet all governmental regulations applicable? | <input type="checkbox"/> | <input type="checkbox"/> |

If others are allowed to use the airstrip, also complete the following:

- | | | |
|--|--------------------------|--------------------------|
| 6. Does the Insured require a signed Hold Harmless Agreement from each? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the Insured named as an Additional Insured on a separate liability policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Explain what the aircraft owners are using this airstrip for (other than to take-off and land). | | |

Signature of Applicant or Insured

Signature of Agent

Dated: _____

Dated: _____