

SERFF Tracking Number: LDDX-125970940 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR AR0204201F01
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0204201F01

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Aviation Related Programs

TOI: 22.0 Aircraft

Sub-TOI: 22.0000 Aircraft

Filing Type: Form

Effective Date Requested (New): 02/01/2009

Effective Date Requested (Renewal):

SERFF Tr Num: LDDX-125970940 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR AR0204201F01

Co Status:

Author: SPI ORChicago

Date Submitted: 12/31/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 12/31/2008

Disposition Status: Approved

Effective Date (New): 02/01/2009

Effective Date (Renewal):

02/01/2009

State Filing Description:

General Information

Project Name: Aviation Related Programs

Project Number: AR AR0204201F01

Reference Organization:

Reference Title:

Filing Status Changed: 12/31/2008

State Status Changed: 12/31/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company submits for your review and approval new logo policy jacket and applications for their Airport Tenants Liability (AP) Program.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We submit Airport Tenants Legal Liability/Airport Tenants Insurance Application PAM-UW-25 (09/08) which replaces PAM-UW-25 (02/05). A markup is attached for your reference.

SERFF Tracking Number: LDDX-125970940 State: Arkansas
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 Company Tracking Number: AR AR0204201F01
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation Related Programs
 Project Name/Number: Aviation Related Programs/AR AR0204201F01

We submit new Policy Jacket J-10 (07/08) and new application Commercial Aircraft Insurance Application PAM-UW-29 (09/08).

We withdraw Policy Jacket J-00-03-05.

Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst
 307 N. Michigan Avenue
 Chicago, IL 60601

jwoods@oldrepublic.com
 (312) 762-4532 [Phone]
 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company
 307 N. Michigan Avenue
 Chicago , IL 60601
 (312) 762-4800 ext. [Phone]

CoCode: 24147
 Group Code: 150
 Group Name:
 FEIN Number: 25-0410420

State of Domicile: Pennsylvania
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	12/31/2008	24782389

SERFF Tracking Number: LDDX-125970940 State: Arkansas
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TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/31/2008	12/31/2008

SERFF Tracking Number: LDDX-125970940 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
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Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0204201F01

Disposition

Disposition Date: 12/31/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 02/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125970940 State: Arkansas
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 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation Related Programs
 Project Name/Number: Aviation Related Programs/AR AR0204201F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	PAM-UW-25 Markup	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Airport Tenants Legal Liability / Airport Tenants Insurance Application	Approved	Yes
Form	Commercial Aircraft Insurance Application	Approved	Yes
Form	Policy Jacket	Approved	Yes

SERFF Tracking Number: LDDX-125970940 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR AR0204201F01
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation Related Programs
 Project Name/Number: Aviation Related Programs/AR AR0204201F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	J-00-03-05	03-05	Other	Withdrawn	Replaced Form #:0.00		
Approved	Airport Tenants Legal Liability / Airport Tenants Insurance Application	PAM-UW-25	(09/08)	Election/Rejection/Supplemental Application	Replaced	Replaced Form #:0.00 PAM-UW-25 Previous Filing #:		PAM-UW-25.PDF
Approved	Commercial Aircraft Insurance Application	PAM-UW-29	(09/08)	Election/Rejection/Supplemental Application	New	0.00		PAM-UW-29.PDF
Approved	Policy Jacket	J-10	(07/08)	Other	New	0.00		J-10.PDF

AIRPORT TENANTS LEGAL LIABILITY/AIRPORT TENANTS INSURANCE APPLICATION

(Check which is desired) A QUOTATION INSURANCE

Name of Applicant

Address

Applicant is: Individual Corporation Partnership Other

whose business is

Insurance is requested from 20 to 20

Name of Airport Identifier located miles of

APPLICANT'S OCCUPANCY: Entire Part

APPLICANT IS: Tenant General Lessee Airport Owner **Present Insurance expires**

BUSINESS OWNER'S NAME: Full time Business? NO YES

OPERATIONS OF APPLICANT – indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$	Aircraft Repairs	\$	Auto Parking	\$
Tie Down & Hangaring	\$	Avionics Repairs	\$	Agricultural Ops	\$
Landing Fees	\$	Aircraft Charter	\$	Homebuilt/Exp. Repairs	\$
New Aircraft	\$	Rental & Instruction	\$	Other:	\$
Used Aircraft	\$	Helicopter Repairs	\$		\$
Aircraft Parts	New \$	Food & Beverages	\$		\$
	Used \$	Pilot Supplies	\$		\$
					Total \$

(Use separate sheet if necessary)

Are any Aircraft – other than single engine or piston multi-engine – maintained, serviced or repaired by applicant? NO YES

If YES, specify number and type:

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service or inspection of aircraft under your supervision? NO YES

Highest value of aircraft maintained, serviced or repaired by applicant:

Does applicant perform any: Engine overhauls NO YES Propeller overhauls NO YES

Major airframe structural repairs NO YES Aircraft painting NO YES

LIMITS OF LIABILITY – Check box for Coverages desired: PREMISES PRODUCTS COMPLETED OPERATIONS

Liability Coverage State Limits of Liability Desired	PREMISES		COMPLETED OPERATIONS & PRODUCTS		GROUND HANGARKEEPERS LIABILITY EACH AIRCRAFT
	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	
Bodily Injury Liability					
Property Damage Liability	XXXX		XXXX		EACH LOSS

NAME OF APPLICANT _____

Bodily Injury and Property Damage					<input type="checkbox"/> INCL. TAXI <input type="checkbox"/> EXCL. TAXI
					DEDUCTIBLE \$ PISTON A/C \$ TURBINE A/C EACH LOSS, EACH AIRCRAFT

TIE DOWN & HANGARING by APPLICANT – Are aircraft of others taxied, towed or moved by applicant? NO YES

Who provides tie down ropes/chains, etc.?

Number of: Tie down spaces	T-hangars	Multiple-aircraft hangars
Number of aircraft: Tied down	In T-hangars	In multiple-aircraft hangars
Highest value a/c: Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Total value all a/c: Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Number of: Ultra-light a/c	Helicopters	

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

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

Fuel Trucks	Snow Removal	Fire Engines	Tugs
Mowers	Pickup Trucks	Passenger Cars	Other
State number of: Elevators	Escalators	Moving Sidewalks	
State number of Aircraft 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, etc.? NO YES (attach copies)

Does applicant use contracts for hangaring, tie down service, etc.? NO YES (attach copies)

CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated cost by type of construction

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

AIRPORT DESCRIPTION – Elevation is _____ ft. Longest runway is _____ ft.

Number of aircraft based at airport: Airline _____ General Aviation _____ Military _____

Runway construction: Concrete Turf Gravel Blacktop Other Are runways lighted? NO YES

Is aircraft traffic controlled? NO YES By: Tower Unicom Operated by: _____

Is there an airport manager? NO YES Employed by: _____

Is manager on premises during hours of operation? NO YES Hours of operation _____ to _____

Fire station located at airport? NO It is _____ miles from the airport YES

Is airport fenced? NO YES Who maintains the airport? _____

Does the applicant own, operate or maintain any navigational aids? NO YES (describe) _____

If applicant is Owner or General Lessee, complete the following:
 Airport Manager is: Employee of applicant Independent Contractor (furnish copy of contract)

Any Recreational or other Non-Aviation facilities or use of Airport premises? NO YES (describe) _____

List Airlines and scheduled Air Taxis that will serve this airport during the next three years: _____

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers			
Airline Aircraft			
General Aviation Aircraft			
Military Aircraft			

FUELING – On premises NO YES Done by applicant NO YES

Fueling is by: Truck Hydrant Gas pump Gas pit Self-Serve Pump Facilities Other

If Self-Serve Pump Facility:
(a) Who is responsible for Fuel & Equipment Maintenance?
(b) Who receives profit from Sales?
*Provide Copy of Contracts

Annual Gallonage: **Airline** gallons **General Aviation** gallons **Military** gallons

Type of fuel sold: AVGAS JET FUEL AUTO FUEL

Fuel Storage Facilities: **Underground** gallons **Above ground** gallons

Annual Gallonage of Turbine Engine Fuel: gallons

Does applicant refuel/defuel any scheduled airlines? NO YES

If yes, describe type aircraft and number fueled per day

LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer

Has applicant had any aircraft / aviation losses, claims or incidents during the last five years? NO YES
(Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred)
Explain

Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? NO YES
(Not applicable in the following states: Missouri)
Explain

Name of Last or Present Aircraft Insurance Company:

How many years in business under same management? If less than 5 years, give description of owner's / managers experience.

All particulars herein are warranted true and complete to the best of my 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. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

West Virginia - All particulars herein are true and complete to the best of my 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. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – Any person who knowingly and with intent to defraud any 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.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma – Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

Date _____ **Applicant's Signature** _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer:

Address:

City:

State:

Phone No.:

Fax No.:

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

11. LIST ALL ACCIDENTS/INCIDENTS INSURED AND UNINSURED DURING PAST 5 YEARS: (Use extra sheet if necessary)

DATE	AMOUNT	DESCRIPTION
(a)		
(b)		
(c)		

12. NAME OF LAST OR PRESENT AIRCRAFT INSURANCE COMPANY:

13. HAS ANY COMPANY CANCELLED OR REFUSED TO RENEW? YES NO (Not applicable in the following states: Missouri).

If Yes, state Company and Reason:

All particulars herein are warranted true and complete to the best of my 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. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

West Virginia - All particulars herein are true and complete to the best of my 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. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – Any person who knowingly and with intent to defraud any 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.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma – Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

Date _____ **Applicant's Signature** _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer:

Address:

City:

State:

Phone No.:

Fax No.:

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES



INSURANCE POLICY



J-10 (07/08)

OLD REPUBLIC
Corporate Offices
307 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-8100

INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and,
if required by state law, this policy shall not be valid unless countersigned by our authorized
representative.

OLD REPUBLIC INSURANCE COMPANY

133 Oakland Avenue
Greensburg, Pennsylvania 15601
A Stock Company


Secretary


President

Issuing and Policyholder Servicing Offices:

Phoenix Aviation Managers, Inc.
1900 Vaughn Road, Suite 350
Kennesaw, Georgia 30144
Phone: (770) 590-4950
Fax: (770) 590-0599

Phoenix Aviation Managers (Texas), Inc.
15660 North Dallas Parkway, Suite 1000
Dallas, Texas 75248
Phone: (972) 981-7223
Fax: (972) 480-7089

Phoenix Aviation Managers (Washington), Inc.
595 S. Renton Village Place, Suite 950
Renton, Washington 98057
Phone: (425) 271-7407
Fax: (425) 271-0112

SERFF Tracking Number: LDDX-125970940 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR AR0204201F01
TOI: 22.0 Aircraft *Sub-TOI:* 22.0000 Aircraft
Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0204201F01

Rate Information

Rate data does NOT apply to filing.

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Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
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TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation Related Programs
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/31/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: PAM-UW-25 Markup **Review Status:** Approved 12/31/2008

Comments:

Attachment:

PAM-UW-25 Markup.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Old Republic Insurance Group	0150			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic Insurance Company	PA	24147	25-0410420	

5. Company Tracking Number	AR AR0204201F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jodi L. Woods		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	22.0 Aircraft
10.	Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Airport Tenants Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 02/01/09 Renewal: 02/01/09
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	12/31/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	AR AR0204201F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Old Republic Insurance Company submits for your review and approval new logo policy jacket and applications for their Airport Tenants Liability (AP) Program.

We submit Airport Tenants Legal Liability/Airport Tenants Insurance Application PAM-UW-25 (09/08) which replaces PAM-UW-25 (02/05). A markup is attached for your reference.

We submit new Policy Jacket J-10 (07/08) and new application Commercial Aircraft Insurance Application PAM-UW-29 (09/08).

We withdraw Policy Jacket J-00-03-05.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: Amount:	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



P.O. Box 440757
Kennesaw, Georgia 30160
bqatl@pamav.com

15660 N. Dallas Parkway, Suite 1000
Dallas, Texas 75248
bqdal@pamav.com

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AIRPORT TENANTS LEGAL LIABILITY/AIRPORT TENANTS INSURANCE APPLICATION

(Check which is desired) A QUOTATION INSURANCE

Name of Applicant

Address

Applicant is: Individual Corporation Partnership Other

whose business is

Insurance is requested from 20 to 20

Name of Airport Identifier located miles of

APPLICANT'S OCCUPANCY: Entire Part

APPLICANT IS: Tenant General Lessee Airport Owner Present Insurance expires

BUSINESS OWNER'S NAME: Full time Business? NO YES

OPERATIONS OF APPLICANT – indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$	Aircraft Repairs	\$	Auto Parking	\$
Tie Down & Hangaring	\$	Avionics Repairs	\$	Agricultural Ops	\$
Landing Fees	\$	Aircraft Charter	\$	Homebuilt/Exp. Repairs	\$
New Aircraft	\$	Rental & Instruction	\$	Other:	\$
Used Aircraft	\$	Helicopter Repairs	\$		\$
Aircraft Parts	New \$	Food & Beverages	\$		\$
	Used \$	Pilot Supplies	\$		\$
				Total	\$

(Use separate sheet if necessary)

Are any Aircraft – other than single engine or piston multi-engine – maintained, serviced or repaired by applicant? NO YES
If YES, specify number and type:

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service or inspection of aircraft under your supervision? NO YES

Highest value of aircraft maintained, serviced or repaired by applicant:

Does applicant perform any: Engine overhauls NO YES Propeller overhauls NO YES
Major airframe structural repairs NO YES Aircraft painting NO YES

LIMITS OF LIABILITY – Check box for Coverages desired: PREMISES PRODUCTS COMPLETED OPERATIONS

Liability Coverage State Limits of Liability Desired	PREMISES		COMPLETED OPERATIONS & PRODUCTS		GROUND HANGARKEEPERS LIABILITY EACH AIRCRAFT
	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	
Bodily Injury Liability					
Property Damage Liability	XXXX		XXXX		EACH LOSS

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NAME OF APPLICANT

Bodily Injury and Property Damage					<input type="checkbox"/> INCL. TAXI <input type="checkbox"/> EXCL. TAXI
					DEDUCTIBLE \$ PISTON A/C \$ TURBINE A/C EACH LOSS, EACH AIRCRAFT

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TIE DOWN & HANGARING by APPLICANT – Are aircraft of others taxed, towed or moved by applicant? NO YES

Who provides tie down ropes/chains, etc.?

Number of: Tie down spaces	T-hangars	Multiple-aircraft hangars
Number of aircraft: Tied down	In T-hangars	In multiple-aircraft hangars
Highest value a/c: Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Total value all a/c: Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Number of: Ultra-light a/c	Helicopters	

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

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

Fuel Trucks	Snow Removal	Fire Engines	Tugs
Mowers	Pickup Trucks	Passenger Cars	Other
State number of: Elevators	Escalators	Moving Sidewalks	
State number of Aircraft 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, etc.? NO YES (attach copies)

Does applicant use contracts for hangaring, tie down service, etc.? NO YES (attach copies)

CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated cost by type of construction

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

AIRPORT DESCRIPTION – Elevation is _____ **ft. Longest runway is** _____ **ft.**

Number of aircraft based at airport: Airline _____ General Aviation _____ Military _____

Runway construction: Concrete Turf Gravel Blacktop Other Are runways lighted? NO YES

Is aircraft traffic controlled? NO YES By: Tower Unicom Operated by: _____

Is there an airport manager? NO YES Employed by: _____

Is manager on premises during hours of operation? NO YES Hours of operation _____ to _____

Fire station located at airport? NO It is _____ miles from the airport YES

Is airport fenced? NO YES Who maintains the airport? _____

Does the applicant own, operate or maintain any navigational aids? NO YES (describe) _____

If applicant is Owner or General Lessee, complete the following:
 Airport Manager is: Employee of applicant Independent Contractor (furnish copy of contract)

Any Recreational or other Non-Aviation facilities or use of Airport premises? NO YES (describe) _____

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List Airlines and scheduled Air Taxicab that will serve this airport during the next three years:

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IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT

Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers			
Airline Aircraft			
General Aviation Aircraft			
Military Aircraft			

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FUELING – On premises NO YES Done by applicant NO YES

Fueling is by: Truck Hydrant Gas pump Gas pit Self-Serve Pump Facilities Other

If Self-Serve Pump Facility:
(a) Who is responsible for Fuel & Equipment Maintenance?
(b) Who receives profit from Sales?
*Provide Copy of Contracts

Annual Gallonage: **Airline** gallons **General Aviation** gallons **Military** gallons

Type of fuel sold: AVGAS JET FUEL AUTO FUEL

Fuel Storage Facilities: **Underground** gallons **Above ground** gallons

Annual Gallonage of Turbine Engine Fuel: gallons

Does applicant refuel/defuel any scheduled airlines? NO YES

If yes, describe type aircraft and number fueled per day

LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer

Has applicant had any aircraft / aviation losses, claims or incidents during the last five years? NO YES
(Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred)
Explain

Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? NO YES
(Not applicable in the following states: Missouri)
Explain

Name of Last or Present Aircraft Insurance Company:

How many years in business under same management? If less than 5 years, give description of owner's / managers experience.

All particulars herein are warranted true and complete to the best of my 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. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

West Virginia - All particulars herein are true and complete to the best of my 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. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

~~**Kentucky** – Any person who knowingly and with intent to defraud any 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.~~

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Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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~~**Maryland** – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.~~

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New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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Deleted: insurance fraud

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma – Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

Date _____ Applicant's Signature _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

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~~(This Applicant's insurance agent may not sign this Application for the applicant.)~~

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Producer: _____
Address: _____
City: _____

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