



Falcon Insurance Agency
Attn: PORT-A-PORT
P. O. Box 291388
Kerrville, Texas 78029
Phone: (800) 880-4545

Email: FIAPAP@falconinsurance.com

<i>To be completed by Falcon Insurance:</i>	
_____ to _____	2-1-21
ck #: _____ / \$ _____	
Dep. #: _____	

PORT-A-PORT HANGAR OWNERS ASSOCIATION

GROUP PLAN APPLICATION

APPLICANT INFORMATION (please print)

NAME:		PHONE: ()	
STREET:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:			
HANGAR VALUE: \$	SPACE # (REQUIRED):	SERIAL #:	
AIRPORT:	LOCATION:		

All rates appear on the reverse side of this application. Please select both the basic premium that corresponds with your hangar value and the additional premium for any optional coverages you choose. Fill out the following completely and sign where indicated. This being a group plan, the Master Policy will be maintained at our office and a **CERTIFICATE OF INSURANCE** will be mailed to you after your application with the correct payment has been received. **THE GROUP PLAN IS EFFECTIVE FEBRUARY 1, 2020 TO FEBRUARY 1, 2021.**

BASIC ANNUAL COVERAGE INCLUDES:

LIABILITY: \$1,000,000 - Covers Owners, Landlords and Tenants Liability

PREMIUMS
(See Page 2 for Rates)

PHYSICAL DAMAGE FOR THE INSURANCE VALUE: ALL RISKS including limited flood coverage in the amount of \$10,000 per hangar with a \$1,000 deductible. Subject to exclusions which include but are not limited to Earthquake, War, Government Confiscations, Wear and Tear. -- \$500 DEDUCTIBLE

YOUR
BASIC
PREMIUM: \$

\$	
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OPTIONAL COVERAGES:

HANGARKEEPERS LEGAL LIABILITY (HKLL): For those who lease hangars or portions of hangars to others. Limited to \$75,000 per occurrence. Protects hangar owner from subrogation for damage to tenant's aircraft. -- \$500 DEDUCTIBLE

COMPLETE BOX ONLY IF
YOU WISH COVERAGE

\$	
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LOSS OF USE OR RENTS: Actual Loss of Rents or Use up to \$2,000. For those who want their rents to continue if insured hangar is destroyed.

COMPLETE BOX ONLY IF
YOU WISH COVERAGE

\$	
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PERSONAL PROPERTY: All Risk -- \$500 DEDUCTIBLE -- Covers Personal Property in your hangar if signs of FORCIBLE ENTRY. Aircraft and Mysterious disappearance ARE NOT COVERED.

COMPLETE BOX & BOX
AT LEFT ONLY IF YOU
WISH COVERAGE

\$	
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Complete box to indicate AMOUNT of COVERAGE: (\$2,000 Minimum)

\$	
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SUBTOTAL

\$	
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Credit Card Option: <https://securfee.com/falconins>
Client Code PAP250A, First and Last Name

COMPLETE BOX FOR
A COPY OF THE
MASTER POLICY

\$	
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For further information contact:

Port A Port Dept: (800)880-4545
 Or email FIAPAP@falconinsurance.com

YOUR TOTAL PREMIUM DUE:**
PLEASE MAKE CHECKS PAYABLE TO:
FALCON INSURANCE AGENCY

\$	
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*Complete the following if an extra certificate is needed.
 PROVIDED AT NO EXTRA CHARGE:*

****PLUS APPLICABLE TAXES - PLEASE CALL TO GET TAX
 INFORMATION FOR HANGARS IN NEW JERSEY**

MORTGAGE COMPANY:		ATTN:	
STREET:	CITY	STATE	ZIP CODE
AIRPORT AUTHORITY*:		ATTN:	
STREET:	CITY	STATE	ZIP CODE
PHONE NUMBER:	FAX NUMBER:		
EMAIL ADDRESS			

**The Airport Authority will be named as Additional Insured upon request*

THIS APPLICATION SHOULD NOT BE CONSTRUED AS A LEGAL INTERPRETATION OR DESCRIPTION OF THE COVERAGE AFFORDED. THE MASTER POLICY SHOULD BE CONSULTED FOR EXACT DETAILS ON COVERAGES AND EXCLUSIONS.

IMPORTANT!! PLEASE SIGN HERE _____

YOUR SIGNATURE IS REQUIRED AND SIGNIFIES YOU HAVE READ AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS ON BOTH PAGES OF THE APPLICATION, INCLUDING THE RETURN PREMIUM PROVISION.

PORT-A-PORT HANGAR OWNERS ASSOCIATION

GROUP PLAN APPLICATION

RATES, SPECIAL NOTES AND OPTIONS

This is a replacement cost policy. Therefore, to insure replacement cost, your insurance should reflect Port-A-Port's current sales price in your area. Please select the hangar value desired. **MINIMUM AMOUNT OF COVERAGE IS \$10,000.**

BASIC COVERAGE		BASIC COVERAGE
<u>HANGAR VALUE</u>	<u>ANNUAL PREMIUM</u>	
\$10,000	\$267.00	Basic coverage includes both property coverage at the value selected and \$1,000,000 liability coverage. This is a package program -- both property and liability coverages must be purchased.
\$11,000	\$275.10	
\$12,000	\$283.20	HANGARKEEPERS LEGAL LIABILITY (Optional)
\$13,000	\$291.30	
\$14,000	\$299.40	This option covers owners who rent all or a portion of their hangars to others. Losses subject to \$500 deductible.
\$15,000	\$307.50	
\$16,000	\$315.60	ADD \$90.00 IF YOU ELECT THIS COVERAGE
\$17,000	\$323.70	LOSS OF USE OR RENTS (Optional)
\$18,000	\$331.80	
\$19,000	\$339.90	Limit: \$2,000. Maximum payment per month is 25% of coverage.
\$20,000	\$348.00	
\$21,000	\$356.10	ADD \$23.20 IF YOU ELECT THIS COVERAGE
\$22,000	\$364.20	PERSONAL PROPERTY COVERAGE (Optional) DOES NOT COVER AIRCRAFT OR MYSTERIOUS DISAPPEARANCE
\$23,000	\$372.30	
\$24,000	\$380.40	Minimum Coverage: \$2,000. Min. Annual Premium is \$18.80 Losses subject to \$500 deductible.
\$25,000	\$388.50	
\$26,000	\$396.60	ADD \$9.40 PER \$1,000 OF COVERAGE IF YOU ELECT THIS COVERAGE
\$27,000	\$404.70	COPY OF MASTER POLICY (Optional)
\$28,000	\$412.80	
\$29,000	\$420.90	As a participant in this group plan, you will receive a Certificate of Insurance as your evidence of coverage. The complete Master Policies are maintained in our office. Please let us know if you'd like complete copies of the policies emailed to you. (Please note: the policies rarely change from year to year, other than the dates.)
\$30,000	\$429.00	
\$31,000	\$437.10	PURCHASING COVERAGE MID-TERM
\$32,000	\$445.20	
\$33,000	\$453.30	This group plan is effective 2-1-2020 to 2-1-2021. If you purchase coverage mid-term you may reduce your payment as follows:
\$34,000	\$461.40	
\$35,000	\$469.50	Pay 80% if purchased between May 1 and July 31 Pay 60% if purchased between August 1 and October 31 Pay 40% if purchased between November 1 and January 31
\$36,000	\$477.60	
\$37,000	\$485.70	<i>Please include the "cents" when calculating your amount -- don't round to the nearest dollar.</i> You may apply this discount to each charge.
\$38,000	\$493.80	
\$39,000	\$501.90	RETURN PREMIUMS
\$40,000	\$510.00	
\$41,000	\$518.10	Please be advised that, due to the low cost of this group policy, should you decide to sell your hangar, there is no return premium. You may negotiate a settlement with the buyer -- we will be happy to issue a revised certificate showing the new owner.
\$42,000	\$526.20	
\$43,000	\$534.30	IMPORTANT: To ensure that your application & payment are properly routed, please return it in the enclosed envelope or mail it to the following address:
\$44,000	\$542.40	
\$45,000	\$550.50	FALCON INSURANCE AGENCY
\$46,000	\$558.60	
\$47,000	\$566.70	Attn: Port-A-Port P. O. Box 291388 Kerrville, Texas 78029
\$48,000	\$574.80	
\$49,000	\$582.90	TAXES
\$50,000	\$591.00	
FOR VALUES ABOVE \$50,000 PLEASE CALL (800) 880-4545 FOR A PREMIUM QUOTATION		<i>Please be aware that if your hangar is in Kentucky, New Jersey or West Virginia it is subject to state property and liability taxes. If this applies to your hangar please call (800)880-4545 to get an assessment.</i>

PLEASE MAKE CHECK PAYABLE TO: FALCON INSURANCE AGENCY. ALSO, PLEASE BE SURE THAT "PORT A PORT" IS ON THE CHECK (I.E. AFTER THE WORD "FOR:" OR "MEMO" NEAR THE BOTTOM LEFT OF THE CHECK.). THANK YOU!

PORT-A-PORT HANGAR PROGRAM

Thank you for showing your support of the Port-A-Port insurance program. Please fill out the following information and return it with your application so that we may better service your account.

PLEASE PUT A "X" IN THE BOX NEXT TO THE FOLLOWING ITEMS THAT APPLY TO YOU:

- I use my Port-a-Port hangar to store aircraft.

- I use my Port-a-Port hangar to store (other than aircraft - please list) _____

- I manufacture or sell aircraft.

- I manufacture or sell aircraft engines or accessories.

- I manage or own an aircraft repair shop, an aircraft sales agency or an aircraft rental agency.

- I manage or own a flying school or commercial flying service.

- I own my Port-a-Port hangar.

- I rent or lease my Port-a-Port hangar to: _____

- I rent or lease my Port-a-Port hangar from: _____

I can be reached at the following phone number(s) _____
&/or e-mail address(es) _____

The information above has been completed to the best of my knowledge.

(signature and date)

Thank you for providing the requested information. If you have any questions, please call (800) 880-4545, Fax (830)792-1144 or e-mail at FIAPAP@falconinsurance.com.