

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

Email: fiapap@falconinsurance.com

2-1-	24	to	2-1-25
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PORT-A-PORT HANGAR OWNE	RS ASSOCIATIO	JN			GROUI	P PLAN APPLICATION
APPLICANT INFORMATION (please print) NAME:					PHONE:	
EMAIL ADDRESS:				l		
Address:						
HANGAR VALUE:	SPACE # (REQUIRED): SERIAL #:				SERIAL #:	
AIRPORT:	LOCATION:					
All rates appear on the reverse side of this applicate premium for any optional coverages you choose. will be maintained at our office and a CERTIFIC received. THE GROUP PLAN IS EFFECTIVE	Fill out the following cor ATE OF INSURANCE	mpletel will b	ly and sign who e mailed to you	ere indicated after your	d. This bein	g a group plan, the Master Policy
BASIC ANNUAL COVERAGE INCLUDES: LIABILITY: \$1,000,000 - Covers Owners, Lan	ndlords and Tenants Liab	oility		(See P	PREMIU age 2 for Ra	
PHYSICAL DAMAGE FOR THE INSURED VALUE: ALL RISKS including limited flood coverage up to \$5,000 per hangar (\$1,000 deductible). Subject to exclusions which include but are not limited to Earthquake, War, Gov. Confiscations, Wear and Tear (\$500 deductible) Wind & Hail Deductible of 1% or Min. \$5,000 per hangar					Е	YOUR BASIC MIUM:
OPTIONAL COVERAGES: HANGARKEEPERS LEGAL LIABILITY (portions of hangars to others. Limited to \$75,00 owner from subrogation for damage to tenant's	00 per occurrence. Prote	cts han	ıgar		E BOX ON ISH COVEI	
* *					E BOX ON ISH COVEI	0
PERSONAL PROPERTY: All Risk \$500 DEDUCTIBLE Covers Personal Property in your hangar if signs of FORCIBLE ENTRY. Aircraft and Mysterious disappearance ARE NOT COVERED. COMPLET ONLY IF YOU WIS					WISH	
Complete box to indicate AMOUNT of COVER	RAGE: (\$2,000 Minimum	n)	\$			
		-			SUBTO	OTAL §
Credit Card Option: https://securfee.co Client Code PAP250A- your client #, F		e				
For further information contact: Port A Port Dept: (830) 895-6148 Or email FIAPAP@falconinsurance.com		PLE	EASE MAKE (CHECKS I	EMIUM DI PAYABLE T ANCE AGEN	TO:
Complete the following if an extra certificate is n PROVIDED AT NO EXTRA CHARGE:	eeded.					ALL TO GET TAX INFORMATION FOR ENTUCKY, WEST VIRGINIA, FLORIDA
Additional insured:				ATTN:		
STREET:	Crr	City			STATE	ZIP CODE
Additional insured*:	•			ATTN:		
STREET:	Crr	TY			STATE	ZIP CODE
PHONE NUMBER:	<u> </u>	I	FAX NUMBER:			1
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. YOU ALSO CERTIFY THERE IS NO KNOWN UNREPAIRED DAMAGES/LOSSES.

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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 limit desired. MINIMUM AMOUNT OF COVERAGE IS \$10,000.

BASIC COVERAGE		BASIC COVERAGE					
HANGAR VALUE LIMIT	ANNUAL PREMIUM	Basic coverage includes both property coverage at the value selected and \$1,000,000 liability coverage.					
\$10,000	\$391.90	This is a package program both property and liability coverages must be purchased.					
\$11,000	\$401.49	HANGARKEEPERS LEGAL LIABILITY (Optional)					
\$12,000	\$411.08	inti (Ontrible End Electric Enterer 1 (Optional)					
\$13,000	\$420.67	This option covers owners who rent all or a portion of their hangar to others . Losses subject to					
\$14,000	\$430.26	\$500 deductible.					
\$15,000	\$439.85						
\$16,000	\$449.44	ADD \$180.00 IF YOU ELECT THIS COVERAGE					
\$17,000	\$459.03	LOSS OF USE OR RENTS (Optional)					
\$18,000	\$468.62						
\$19,000	\$478.21	Limit: \$2,000. Maximum payment per month is 25% of coverage.					
\$20,000	\$487.80						
\$21,000	\$497.39	ADD \$27.60 IF YOU ELECT THIS COVERAGE					
\$22,000	\$506.98	PERSONAL PROPERTY COVERAGE (Optional)					
\$23,000	\$516.57	DOES NOT COVER AIRCRAFT OR MYSTERIOUS DISAPPEARANCE					
\$24,000	\$526.16	M' ' C					
\$25,000	\$535.75 \$545.24	Minimum Coverage: \$2,000. Min. Annual Premium is \$22.40 Losses subject to \$500 deductible.					
\$26,000 \$27,000	\$545.34 \$554.93	ADD \$11.20 DED \$1,000 OF COVED ACE IS COVED ACE IS ELECTED. W. C. CLOSEL					
•		ADD \$11.20 PER \$1,000 OF COVERAGE IF COVERAGE IS ELECTED - Must be \$1,000 Increments					
\$28,000 \$29,000	\$564.52 \$574.11	COPY OF MASTER POLICY (Optional)					
\$30,000	\$583.70	As a participant in this group plan, you will receive a Certificate of Insurance as your evidence of					
\$31,000	\$593.29	coverage. The complete Master Policies are maintained in our office. Please let us know if you'd					
\$32,000	\$602.88	like complete copies of the policies emailed to you. (Please note: the policies rarely change					
\$33,000	\$612.47	from year to year, other than the dates.)					
\$34,000	\$622.06	PURCHASING COVERAGE MID-TERM					
\$35,000	\$631.65	TORGINGING COVERIGE WID TERM					
\$36,000	\$641.24	This group plan is effective 2-1-2024 to 2-1-2025.					
\$37,000	\$650.83	If you purchase coverage mid-term you may reduce your payment as follows:					
\$38,000	\$660.42						
\$39,000	\$670.01	Pay 100% of calculated premium between February 1st and October 31st					
\$40,000	\$679.60	Only Pay 50% of calculated premium between November 1st and January 31st					
\$41,000	\$689.19	Apply this discount to each selected coverage charge.					
\$42,000	\$698.78						
\$43,000	\$708.37	Please include the "cents" when calculating your amount don't round to the nearest dollar.					
\$44,000	\$717.96						
\$45,000	\$727.55	RETURN PREMIUMS					
\$46,000	\$737.14	M 1 11 14 (1 (4 () 64) 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13					
\$47,000	\$746.73 \$756.22	Please be advised that, due to the structure of this group policy, should you decide to sell your					
\$48,000 \$49,000	\$756.32 \$765.91	hangar, there is no return premium. You may negotiate a settlement with the buyer we will b happy to issue a revised certificate showing coverage for the new owner.					
		nappy to issue a revised certificate snowing coverage for the new owner.					
\$50,000 \$775.50 FOR VALUES ABOVE \$50,000 PLEASE CALL (800) 880-4545 FOR A PREMIUM QUOTATION		IMPORTANT: To ensure that your application & payment are properly routed, please return it in the enclosed envelope or mail it to the following address: Acrisure Aerospace Attn: Port-A-Port Program P. O. Box 291388 Kerrville, Texas 78029					
		TAXES					
		Please be aware that if your hangar is in Kentucky, New Jersey, Florida, 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.					

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