

Public Official's Liability				
Port / Transportation / Airport Authorities Supplemental				
Name of Entity:				
Location:				
Does the applicant own or operate any of the following:				
a. Port Authority:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, which of the following is part of operations:	Lake: <input type="checkbox"/>	Ocean: <input type="checkbox"/>		
	River: <input type="checkbox"/>	Railroad: <input type="checkbox"/>		
Number of Employees:	Total Revenues: \$			
Is there a separate board/commission that controls operations?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please describe the following:	Describe how the members are chosen:			
	Describe the responsibilities of the board?			
	Describe types of direction/decisions made by the board?			
b. Transit Authority:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please advise the following:	Number of employees:	Types of Vehicles: (please list separately)		
	Total Revenues: \$	Passengers served annually:		
	Types of service(s) provided:			
	Describe maintenance of vehicles:			
	Current Auto Liability Carrier:		Limit:	
	Is there a separate board/commission that controls operations?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please describe the following:	Describe the selection of members:		
Describe responsibilities of the board:				
Describe direction/decisions made by the board:				
c. Airport Authority:			Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please answer the following:	Is the airport owned and operated by the applicant?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Is the airport leased to a third party?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Is the airport FAA controlled?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Is there a control tower?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Is there a fixed base operator?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	Number of commercial flights daily:			
	Does the applicant have an airport professional liability policy?			Yes: <input type="checkbox"/> No: <input type="checkbox"/>

	Name of carrier:		Limit:
	If leased to a third party, does lessee have airport professional liability policy?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Name of carrier:		Limit:
	Is there a separate board/commission that controls operations?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	If yes, please describe the following:	Describe the selection of members:	
		Describe responsibilities of the board:	
		Describe directions/decisions effected by the board:	