

New T-Hangar Tenant Registration & Checklist

Welcome to the flying family here at Modesto City-County Airport. Please complete the attached Registration Form and return it with the necessary insurance documents to the Airport Administration Office.

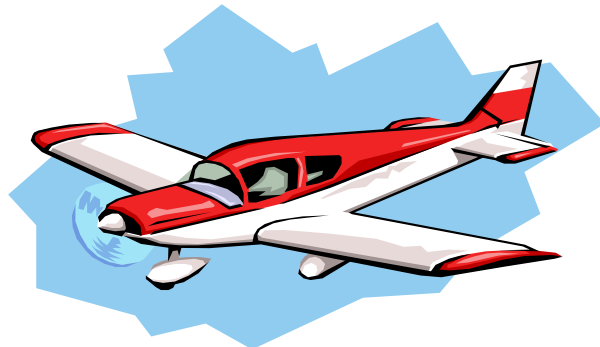
The requirements listed below must be satisfied before we can finalize your lease:

- A. ___ Provide a current certificate of insurance with acceptable limits of liability for all vehicles you will be driving onto the enclosed airfield area, with City named as "Additional Insured"
- B. ___ Provide a current aircraft certificate of insurance with acceptable limits of liability for your aircraft, with City named as "Additional Insured" (sample attached)
- C. ___ Payment for first month's rent
- D. ___ Payment for one additional month of rent (trust deposit)

When the requirements above are complete, and a lease agreement is signed you will receive:

- ___ Two hangar keys (no charge for the first two)
- ___ One gate proximity card (charge for additional cards)
- ___ Vehicle permits
- ___ A copy of the finalized lease
- ___ A copy of the *Modesto Municipal Code and T-Hangar Use Policy*

Welcome to your new space at the Modesto City-County Airport!
~ We look forward to seeing you soon!



AIRPORT REGISTRATION
MODESTO CITY-COUNTY AIRPORT

617 Airport Way
Modesto, CA 95354

Please take a moment to provide us with the information below so that we can maintain records correctly for you. If you have any questions, or we can be of assistance in any way, please feel free to contact us at 577-5318.

TENANT

Date _____ Hangar or Tie-Down# _____

Name _____

Company/Club Name (if applicable) _____

Mailing Address _____

Billing Address _____

E-Mail Address _____ Fax _____

Phone Numbers: Home _____ Work _____ Cell _____

Preferred method of contact _____

AIRCRAFT Tail # _____ Year _____ Type _____

Registered Owner: _____

Aircraft Engine: Single Multi Jet Colors/Markings _____

Aircraft Insurance Company _____ **Expiration Date** _____

VEHICLES (being driven onto the airfield)

Make/Model _____ Year _____ Plate or VIN# _____

Make/Model _____ Year _____ Plate or VIN# _____

Vehicle Insurance Company _____ **Expiration Date** _____

***NOTE:** Vehicle and aircraft insurance certificates must be provided before lease can be executed. The attached samples show what is required. Should you have any questions, please feel free to contact our office.*

VEHICLE CERTIFICATE OF INSURANCE

- **THIS IS TO CERTIFY TO:**
CITY OF MODESTO
617 AIRPORT WAY
MODESTO CA 95354

Certificate Date:

- **Coverage Expiration Date:**

THAT THE FOLLOWING INSURANCE COVERAGE IS IN EFFECT AS OF THE DATE OF THIS CERTIFICATE FOR:

- **INSURED: (name and address)**
- **INSURANCE COMPANY: (name & address)**
- **VEHICLE(S): (model, year)**
- **LIABILITY COVERAGE REQUIREMENTS:**
Minimum limit of liability per occurrence of \$300,000 for bodily injury and \$100,000 for property damage or \$300,000 combined single limit.
- **ADDITIONAL INSURED: CITY OF MODESTO, 617 AIRPORT WAY, MODESTO CA 95354 SHOULD THE ABOVE POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL WITHIN 30 DAYS A WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED.**

PLEASE NOTE:

1. Please include all the bulleted items in your vehicle's Certificate of Insurance document.
2. The "Additional Insured" must include the clause, which indicates the airport will be notified within 30 days in the event of cancellation.
3. We would recommend that you inquire about having a "continuous coverage" policy, which will stay in effect unless cancelled. (This would eliminate having to submit a renewed Certificate of Insurance when the insurance coverage expires each year.)
4. You may FAX this document to our office (209-576-1985).

AIRCRAFT CERTIFICATE OF INSURANCE

- **THIS IS TO CERTIFY TO:**
CITY OF MODESTO
617 AIRPORT WAY
MODESTO CA 95354

Certificate Date:

- **Coverage Expiration Date:**

THAT THE FOLLOWING INSURANCE COVERAGE IS IN EFFECT AS OF THE DATE OF THIS CERTIFICATE FOR:

- **INSURED: (name and address)**
- **INSURANCE COMPANY: (name & address)**
- **AIRCRAFT: (model, year, tail number)**
- **LIABILITY COVERAGE:**
Permanently Based Private Aircraft – minimum limit of liability per occurrence of \$1,000,000 for bodily injury and \$300,000 for property damage or \$1,000,000 combined single limit.
Fixed Base Operators – minimum limit of liability per occurrence of \$1,000,000 for bodily injury and \$300,000 for property damage or \$1,000,000 combined single limit.
- **ADDITIONAL INSURED: CITY OF MODESTO, 617 AIRPORT WAY, MODESTO CA 95354 SHOULD THE ABOVE POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL WITHIN 30 DAYS A WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED.**

PLEASE NOTE:

1. Please include all the bulleted items in your aircraft's Certificate of Insurance document.
2. The "Additional Insured" must include the clause, which indicates the airport will be notified within 30 days in the event of cancellation.
3. We would recommend that you inquire about having a "continuous coverage" policy, which will stay in effect unless cancelled. (This would eliminate having to submit a renewed Certificate of Insurance when the insurance coverage expires each year.)
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