

HELIPORT INSURANCE APPLICATION

NAME OF APPLICANT: _____ Heliport Identifier _____

ADDRESS: _____

APPLICANT IS: Individual Corporation Partnership (name each partner)
 whose business is: _____

Quotation for Heliport Liability insurance is requested for an annual period beginning _____ 19 ____

Name of Heliport _____ located _____ miles _____ of _____ (city)

Heliport Manager: _____ Phone Number: _____

APPLICANT IS: Tenant General Lessee Heliport Owner Present Insurance Expires _____

OPERATIONS of APPLICANT: Indicate all operations and estimated annual gross receipts.

Fuel & Lubricants \$ _____	Helicopter Maintenance \$ _____	List all other sources and receipts below. Use separate sheet if needed.
Tiedowns & Hangaring \$ _____	Helicopter Charter \$ _____	_____ \$ _____
Landing Fees \$ _____	Rental & Instruction \$ _____	_____ \$ _____
New Helicopters \$ _____	Restaurant \$ _____	_____ \$ _____
Used Helicopters \$ _____	Auto Parking \$ _____	_____ \$ _____
Helicopter Parts \$ _____		Total \$ _____

FUELING: On Premises Yes No Done by Applicant Yes No
 Dispensed by: Truck Hydrant Gas Pump Gas Pit other _____

Annual Gallonage: Airline _____; General Aviation _____; Military _____

Type of Fuel Sold: AV Gas Jet Fuel Aircraft Auto Gas

Fuel Storage Facilities: Underground _____ gallons; Above Ground _____ gallons

TIE DOWN & HANGARING by APPLICANT - are helicopters of others taxied, towed or moved by applicant? Yes No

Number of: tiedown 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 \$ _____

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT

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

Fuel Trucks _____, Sweepers _____, Snow Removal _____, Fire Engines _____, Tugs _____

Hydrant Carts _____, Pickup Trucks _____, Passenger Cars _____, Other _____

State number of: Elevators _____, Escalators _____, Moving Sidewalks _____

State number of Airplanes 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 uniform customer contracts for hangaring, service, etc? No Yes (attach copies)

Does applicant require "hold harmless" coverage? Yes No

Give details of minimum limits required from: Airlines \$ _____, FBO's \$ _____, Concessionaires \$ _____

Is applicant named as Additional Insured? Yes No

CONSTRUCTION by Independent Contractors - show estimated cost by type of construction

Helipad/Taxiways \$ _____ current year \$ _____ next year; \$ _____ next three years

All others (describe) \$ _____ current year \$ _____ next year; \$ _____ next three years

NON OWNED AIRCRAFT LIABILITY COVERAGE

Piloted by applicants employees: Hours per year _____ Helicopter type _____ Maximum seating _____

Piloted by others: Hours per year _____ Helicopter type _____ Maximum seating _____

Applicants employee pilots must attach a pilot history form.

HELIPORT DESCRIPTION - Elevation _____ ft.; Pad dimension: (1) _____ ft x _____ ft (2) _____ ft x _____ ft
 Number of helicopters based at heliport: Airline _____, General Aviation _____, Military _____
 Heliport Construction: Concrete Turf Blacktop Other _____, Is heliport lighted? No Yes
 Is heliport on: Ground Rooftop - height above ground: _____
 Obstructions: (1) type _____ distance _____ height _____
 (2) type _____ distance _____ height _____
 Is heliport available for public use: Yes No
 Rotorcraft traffic is controlled No Yes - by FAA Non Federal Unicom - Operated by: _____
 Is there a heliport manager? No Yes - employed by: applicant independent contractor (furnish copies of contract)
 Is manager on premises during hours of operation? Yes No; Hours of operation: _____ to _____
 Fire protection located at heliport Yes No - it is _____ miles from the heliport.
 Is heliport area fenced? Yes No Who maintains the heliport? _____
 Does the insured own, operate or maintain any aids to navigation? No Yes - describe _____
 If applicant is Owner or General Lessee, enclose a diagram of premise or FAA Form 5010-1
 Are airport premises used for any recreational or other non-aviation activities? No Yes (describe) _____
 List Commercial Helicopter Service or Scheduled Air Taxi that serve heliport currently and next three years: _____

TRAINING: Describe training of ground personnel: _____

Largest value helicopter using heliport:	Helicopter _____ Value \$ _____		
	Present Year	Next Year (est.)	Following Year (est.)
Total Estimated:	_____	_____	_____
Revenue Passengers (enplaned)	_____	_____	_____
Airline Helicopter (landings)	_____	_____	_____
General Aviation Helicopter (landings)	_____	_____	_____
Military Helicopter (landings)	_____	_____	_____

LIABILITY COVERAGE - state limits of liability desired	Each Person	Each Occurrence
Bodily Injury Liability	\$ XXX	\$
Property Damage Liability	\$ XXX	\$
Single Limit Bodily Injury and Property Damage	\$ XXX	\$
Ground Hangarkeepers Liability	Each Aircraft \$	\$

LOSS HISTORY and PREVIOUS AVIATION INSURANCE Explain each "Yes" answer

Has applicant had any airport/aviation losses/claims during last five years? No Yes

Has any insurer cancelled, declined or refused to renew any airport/aviation insurance? No Yes

Details: _____

Name of last or present airport/aviation insurance company: _____

Present limit of liability: _____ Present Deductible _____

I/we authorize the following agent or broker to represent me/us in the placing of this insurance:
 Name/address of agent or broker _____

All particulars herein are warranted true and complete to the best of my/our 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.

Date _____ X _____
 Personal signature of Applicant or Authorized Executive is required