

APPLICATION FOR HELIPORT LIABILITY INSURANCE

Check which is desired: ☐ A Quotation ☐ Insurance Policy ☐ Renewal Policy

Applicant

Name of Applicant:

Address:

Business of Applicant:

Form of Business: ☐ Public entity ☐ Corporation ☐ Individual ☐ Partnership ☐ Other (Describe)

Applicant's interest in heliport: ☐ Owner ☐ Lessee ☐ Other (Describe)

Applicant's occupancy is: ☐ Entire ☐ Part (Describe)

Insurance is requested from 12:01 A.M. to 12:01 A.M. (local time at address of applicant)

Coverages and deductibles requested	Limits of Insurance	Deductible
Bodily injury and property damage liability:	\$	
Medical payments:	\$ Each person	
Hangarkeepers' liability:	\$ Each aircraft	\$ Each aircraft

Workers Compensation insurance now in effect:

Carrier:

Expiration Date:

Limits:

Description of Heliport

Locations(s) of heliport(s) to be insured (include FAA Identifier if applicable):

Submit copies of FAA Form 7480-1 "Notice of Landing Area Proposal," FAA Letter of Approval if available, pictures, sketches, architect's plans and drawings showing details of heliport, orientation, adjacent buildings and obstacles, and FAA approved approach/departure routes.

Is heliport approved by FAA? ☐ Yes ☐ No

Licensed by? ☐ State ☐ County ☐ Municipality

Heliport is on ☐ Ground ☐ Rooftop If "Rooftop", height above ground: ☐ Overwater structure ☐ Fenced
☐ Other (describe)

Touchdown area dimensions: by Type of Surface: Heliport elevation:

Is heliport: Lighted? ☐ Yes ☐ No If "Yes", describe:

Equipped with wind direction indicator? ☐ Yes ☐ No

Is indicator lighted for night use? ☐ Yes ☐ No

Equipped with air/ground radio? ☐ Yes ☐ No

Equipped with VASI or PAPI? ☐ Yes ☐ No

Describe type, height, distance and marking/lighting of obstructions to approach/departure routes:

Are all adjacent power and telephone lines marked? ☐ Yes ☐ No If "Yes", how?

Describe security and public access barriers to heliport:

Heliport Operations

Purpose of use: ☐ Executive Transport ☐ Air Ambulance ☐ Other (Describe)

Types of use: ☐ Day operation only ☐ Day and night operation ☐ VFR only ☐ VFR and IFR
☐ Public ☐ Private (use only by authorized persons) ☐ Personal (use only by owner)

List regular uses of heliport

Are any helicopters regularly using heliport?

Are any helicopters based at heliport? ☐ Yes ☐ No If "Yes", list names of helicopter operator(s) and type(s) of helicopter:

Total number of landings in last 12 months: Total number of **night** landings in last 12 months:

Estimated total number of landings in next 12 months: Estimated total number of **night** landings in last 12 months:

Who is responsible for operation, inspection and maintenance of heliport?

How often are inspections of heliport made and logged?

Is heliport attended by ground personnel at all times during aircraft operations? ☐ Yes ☐ No If "Yes", by whom?

Describe training in heliport procedures and safety of personnel who have access to heliport:

Describe heliport crash, fire and rescue protection. State distance and location of fire service.

Are helicopters fueled at heliport? ☐ Yes ☐ No If "Yes", describe fueling tanks and equipment:

Who owns the fuel tanks and equipment? Name of fuel supplier:

Who is responsible for fuel tank and equipment maintenance?

Who is responsible for fueling operations?

Are helicopters "hot fueled"? ☐ Yes ☐ No

Value of helicopters in Applicant's care, custody or control at any one time:

Maximum all helicopters \$

Maximum any one helicopters \$

Maximum any one helicopter \$

During the next 12 months will the Applicant be involved in?

If applicable, estimated costs of work to be performed by:

New construction at heliport? ☐ Yes ☐ No

Applicant

Contractor(s)

\$

\$

Structural alterations of heliport? ☐ Yes ☐ No

\$

\$

Insurance and Claims History

Insurance requirements for regular users of heliport:

Minimum insurance liability limits you require **regular users** to maintain: \$

Is applicant an additional insured under **regular users'** policies? ☐ Yes ☐ No

Are certificates of insurance from all **regular users** on file with the Applicant? ☐ Yes ☐ No

Is Applicant held harmless in any contracts with **regular users**? ☐ Yes ☐ No

Has Applicant signed any agreements assuming liability of others in respect to heliport operations? ☐ Yes ☐ No

If "Yes", attach copies of agreements.

Loss experience: List all claims for the last five years. Attach separate sheet if necessary:

Has any insurer cancelled or refused to renew the Applicant's insurance? NOT APPLICABLE IN MO ☐ Yes ☐ No

Name of current or last heliport insurance company (if none, so state): Policy expiration date:

Name of current general liability insurance company for adjacent premises occupied by Applicant:

Policy expiration date:

Policy Limit: \$

NOTICE TO APPLICANTS

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Authorities.

NOTICE TO ARKANSAS and NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 S.S. 3613.1)

All particulars herein are declared to be 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. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Applicant's Signature(s) _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.

THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.

Name of Insurance Producer:	
License State:	State License Number:
Address:	
For how long have you been designated this applicant's Broker of Record?	