



Arlington/Roe  
 8888 Keystone Crossing, 9th Floor  
 Indianapolis, IN 46240

**HELIPORT OPERATOR'S LIABILITY INSURANCE APPLICATION**

ANSWER ALL QUESTIONS IN AS MUCH DETAIL AS POSSIBLE. ATTACH SEPARATE SHEETS OF PAPER IF NECESSARY.

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 \_\_\_\_\_  
 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.  
 List all other sources and receipts below. Use separate sheet if needed.

Fuel & Lubricants	\$ _____	Helicopter Maintenance	\$ _____		
Tiedowns & Hangaring	\$ _____	Helicopter Charter	\$ _____		\$ _____
Landing Fees	\$ _____	Rental & Instruction	\$ _____		\$ _____
New Helicopters	\$ _____	Restaurant	\$ _____		\$ _____
Used Helicopters	\$ _____	Auto Parking	\$ _____		\$ _____
Helicopter Parts	\$ _____	Auto Parking		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:     OAV Gas     Jet Fuel     Aircraft Auto Gas  
 Fuel Storage Facilities:    Underground \_\_\_\_\_ gallons;    Above Ground \_\_\_\_\_ gallons

TIE DOWN/ HANGARING by APPLICANT- are helicopters of others taxed, 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.?  Yes (attach copies)  No

Does applicant use uniform customer contracts for hangaring, service, etc.?  Yes (attach copies)  No

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 \_\_\_\_\_

Helipad Construction:  Concrete  Turf  Blacktop  Other \_\_\_\_\_, Is helipad lighted?  Yes  No

Is heliport on: Ground Rooftop - height above ground: \_\_\_\_\_

Obstructions: (1) type \_\_\_\_\_ distance \_\_\_\_\_ height \_\_\_\_\_

(2) type \_\_\_\_\_ distance \_\_\_\_\_ height \_\_\_\_\_

Is helipad 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 helipad  Yes  No - it is \_\_\_\_\_ miles from the helipad.

Is helipad area fenced?  Yes  No Who maintains the helipad? \_\_\_\_\_

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: \_\_\_\_\_

*Any person who knowingly and with intent to defraud an 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.*

*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.*

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.

I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
(The Applicant's insurance agent may not sign this Application for the Applicant.)

This Application does not commit the company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.



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## SUPPLEMENTAL HELIPAD QUESTIONNAIRE

1. Named Insured:	_____		
2. Address:	_____		
3. Do you receive patients by helicopter?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. How many helicopter landing pads are there on premises?	_____		
Does the named insured use any other aviation/airport premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Where are the helipads located?	<input type="checkbox"/> Lawn	<input type="checkbox"/> Roof	<input type="checkbox"/> Parking Lot
	<input type="checkbox"/> Other: _____		
6. Is the helicopter landing pad FAA approved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Is the area fenced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Are there signs, wind tees, wind socks, flags, or light poles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. Is the landing area lighted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10. Is the landing area painted for helicopter operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11. Number of landings in the last 12 months?	_____		
Number of night landings?	_____		
Number of landings anticipated in the next year?	_____		
12. Is the helipad protected by security personnel during all take-offs and landings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
13. Are there written procedures for helicopter landings? If YES, attach copy of procedures.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
14. Are there any helicopters based at the helipad?  If YES, how many?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
15. Are any fuel services provided for helicopters at the helipad?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
16. Are any helicopter maintenance, cleaning, repairing, or storing services provided at the helipad?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
17. What helicopter operators are using the helipad?	_____		
18. Are you an additional insured on the helicopter operators policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	LIMITS: _____
19. Describe all helipad losses:	_____		
20. Limits of liability requested for helipad liability:			\$_____ Each Occurrence

**ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.**

\_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
 Today's Date

**To Be Completed By Producer**

Producer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

# Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

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Signature

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National Producer Number (Required in Florida)

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Producer's Signature

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Applicant's Signature

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Producer's Name (*please print*)

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Date

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State Producer License Number