

HELIPORT OPERATORS LIABILITY INSURANCE APPLICATION

Name of Applicant

Address

Applicant is: Individual Corporation Partnership Other

whose business is

Insurance is requested from 20 to 20

Name of Heliport Identifier located miles of

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

| | | | | | |
|----------------------|----|------------------------|----|--------|----|
| Fuel & Lubricants | \$ | Helicopter Maintenance | \$ | Other: | |
| Tie Down & Hangaring | \$ | Helicopter Charter | \$ | | \$ |
| Landing Fees | \$ | Rental & Instruction | \$ | | \$ |
| New Helicopters | \$ | Food & Beverages | \$ | | \$ |
| Used Helicopters | \$ | Auto Parking | \$ | | \$ |
| Helicopter Parts | \$ | | | Total | \$ |

(Use separate sheet if necessary)

FUELING – On premises NO YES Done by applicant NO YES

Fueling is by: Truck Hydrant Gas pump Gas pit Other

Annual Gallonage: **Airline** gallons **General Aviation** gallons **Military** gallons

Type of fuel sold: AVGAS JET FUEL AUTO FUEL Type of fuel sold: AVGAS JET FUEL AUTO FUEL

Fuel Storage Facilities: **Underground** gallons **Above ground** gallons

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME OF APPLICANT _____

| | | | |
|---|-----------------|-----------------|---------------------------------|
| TIE DOWN & HANGARING by APPLICANT – Are helicopters of others taxed, towed or moved by applicant? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| Who provides tie down ropes/chains, etc.? | | | |
| Number of: | Tie down 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 airport premises: | | | | |
| Fuel Trucks | Sweepers | Snow Removal | Fire Engines | Tugs |
| Hydrant Cars | Pickup Trucks | Passenger Cars | Other | |
| State number of: | Elevators | Escalators | Moving Sidewalks | |
| State number of Aircraft 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.? | <input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies) |
| Does applicant use uniform customer contracts for hangaring, service, etc.? | <input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies) |
| Does applicant require "hold harmless" coverage? | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Give details of minimum limits required from: | Airlines \$ FBO's \$ Concessionaires \$ |
| Is applicant named as Additional Insured? | <input type="checkbox"/> NO <input type="checkbox"/> YES |

| | | | | | | |
|--|----|--------------|----|-----------|----|------------------|
| 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 | | | |
| <input type="checkbox"/> Piloted by applicants employees: | Hours per year | Helicopter type | Maximum Seating |
| <input type="checkbox"/> Piloted by others: | Hours per year | Helicopter type | Maximum Seating |
| Applicants employee pilots must attach a pilot history form. | | | |

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| | | | |
|--|---------------------|--|-----------------------------|
| HELIPORT DESCRIPTION – Elevation is _____ ft. Pad Dimension: (1) _____ ft. x _____ ft. (2) _____ ft. x _____ ft. | | | |
| Number of helicopters based at heliport: Airline _____ | | General Aviation _____ | |
| Military _____ | | Is helipad lighted? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| Helipad Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Turf <input type="checkbox"/> Blacktop <input type="checkbox"/> Other | | | |
| Is heliport on: <input type="checkbox"/> Ground <input type="checkbox"/> Rooftop – height above ground: _____ | | | |
| Obstructions: (1) Type _____ | | Distance _____ | Height _____ |
| (2) Type _____ | | Distance _____ | Height _____ |
| Is helipad available for public use? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| Is rotorcraft traffic controlled? <input type="checkbox"/> NO <input type="checkbox"/> YES | | By: <input type="checkbox"/> FAA <input type="checkbox"/> Non-Federal <input type="checkbox"/> Unicom Operated by: _____ | |
| Is there a heliport manager? <input type="checkbox"/> NO <input type="checkbox"/> YES | | Employed by: <input type="checkbox"/> Applicant <input type="checkbox"/> Independent Contractor (furnish copies of contract) | |
| Is manager on premises during hours of operation? <input type="checkbox"/> NO <input type="checkbox"/> YES | | Hours of operation _____ to _____ | |
| Fire protection located at helipad? <input type="checkbox"/> NO <input type="checkbox"/> YES | | It is _____ miles from the helipad <input type="checkbox"/> YES | |
| Is helipad area fenced? <input type="checkbox"/> NO <input type="checkbox"/> YES | | Who maintains the helipad? _____ | |
| Does the applicant own, operate or maintain any navigational aids? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES (describe) _____ | | | |
| List Commercial Helicopter Service or Scheduled Air Taxi that serve heliport currently and during the next three years: _____ | | | |
| TRAINING: Describe training of ground personnel: _____ | | | |
| Largest value helicopter using heliport: Helicopter _____ | | Value \$ _____ | |
| Total Estimated Arrivals & Departures: | PRESENT YEAR | NEXT YEAR (EST) | FOLLOWING YEAR (EST) |
| Revenue Passengers (enplaned) | | | |
| Airline Helicopter (landings) | | | |
| General Aviation Helicopter (landings) | | | |
| Military Helicopter (landings) | | | |

| LIABILITY COVERAGE | EACH PERSON | EACH OCCURRENCE |
|-----------------------------------|-------------|-----------------|
| State Limits of Liability Desired | | |
| Bodily Injury Liability | XXXX | |
| Property Damage Liability | XXXX | |

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| | | |
|--|---------------|-----------|
| Single Limit Bodily Injury and Property Damage | XXXX | |
| | EACH AIRCRAFT | EACH LOSS |
| Ground Hangarkeepers' Liability | | |

| | |
|--|--|
| LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer | |
| Has applicant had any airport / aviation losses/claims during the last five years? (Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred) Explain | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? (Not applicable in the following states: Missouri) Explain | <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Name of Last <input type="checkbox"/> or Present <input type="checkbox"/> Aircraft Insurance Company: Present Limit of Liability: Present Deductible: | |

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

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KS; KY; LA; ME; MD; NJ; NM; NY; OH; OK; OR; PA; TN; VA; VT; WA; WV)

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 civil fines and criminal penalties.

Arkansas – 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.

Colorado – 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 agencies.

District of Columbia - 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.

Florida - 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 of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kansas - Any person who with intent to defraud or knowing that he/she is facilitating a fraudulent act against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud as determined by a court of law.

Kentucky – 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.

Louisiana – Any person who knowingly and 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.

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Maine – 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.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – 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 civil fines and criminal penalties.

New York – 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – 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.

Oregon – Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

Pennsylvania – 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.

Tennessee - 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.

Vermont - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - 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.

Washington - 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.

West Virginia – 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.

Date _____ Applicant's Signature _____

All Owners Must Sign

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.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer: _____ Producer Signature: _____
Address: _____
City: _____
State: _____ Phone No.: _____ Fax No.: _____

Are you licensed in the state where the risk is located as: Surplus Lines Broker **License No.:** _____
 Agent **License No.:** _____

By the Company of Issue (Item No. 3): YES NO

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