



**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Limits of liability requested for helipad liability \$ \_\_\_\_\_ Each Occurrence

Do you receive patients by helicopter?	Yes	No
How many helicopter landing pads are on the same premises?	_____	
How many helicopter landing pads are there total?	_____	
Does the named insured use any other aviation/airport premises?	Yes	No
Where are the helipads located?	<input type="checkbox"/> Lawn	<input type="checkbox"/> Roof
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Parking Lot
Is the helicopter landing pad FAA approved?	Yes	No
Is the area fenced?	Yes	No
Are there signs, wind tees, wind socks, flags, or light poles?	Yes	No
Is the landing area lighted?	Yes	No
Is the landing area painted for helicopter operations?	Yes	No
Number of landings in the last 12 months?	_____	
Number of night landings?	_____	
Number of landings anticipated in the next year?	_____	
Is the helipad protected by security personnel during all take-offs and landings?	Yes	No
Are there written procedures for helicopter landings?	Yes	No
Are there any helicopters based at the helipad?	Yes	No
If Yes, how many?	_____	

