



APPLICANT INFORMATION

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Effective Date: _____ Expiration Date: _____

Requested Limit of Liability for Helipad Premises \$ _____ Each Occurrence

Do you receive patients by helicopter? Yes No

How many helicopter landing pads are on the same premises? _____

How many helicopter landing pad are there total? _____

Does the Named Insured use any other aviation/airport premises? Yes No

Where are the helipads located? Lawn Roof Parking Lot
Other _____

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? _____

Are any fuel services provided for helicopters at the helipad? Yes No

Are any helicopter maintenance, cleaning, repairing or storing services provided at the helipad? Yes No

Name of Helicopter Operators using the Helipad:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you an Additional Insured on the Helicopter Operators' policy?

Yes No

Lowest limits carried by the Helicopter Operator?

Describe all helipad losses:

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Signature: _____

Date: _____

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