



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.

Fuel & Lubricants	\$ _____	Helicopter Maintenance	\$ _____	List all other sources and receipts below. Use separate sheet if needed.
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	\$
	Each Aircraft	
Ground Hangarkeepers Liability	\$	\$

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.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name *(please print)*

Date

State Producer License Number