

NASON ASSOCIATES, INC.

5700 Broadmoor St., #905
Mission, KS 66202
913-677-1550 Fax: 913-384-9350

HELIPORT INSURANCE APPLICATION

NAME OF APPLICANT: _____		Heliport Identifier _____
ADDRESS: _____		
APPLICANT IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> 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: <input type="checkbox"/> Tenant <input type="checkbox"/> General Lessee <input type="checkbox"/> 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	\$ _____
Tie Downs & Hangaring	\$ _____	Helicopter Charter	\$ _____
Landing Fees	\$ _____	Rental & Instruction	\$ _____
New Helicopters	\$ _____	Restaurant	\$ _____
Used Helicopters	\$ _____	Auto Parking	\$ _____
Helicopter Parts	\$ _____		
			Total \$ _____

FUELING: On Premises <input type="checkbox"/> Yes <input type="checkbox"/> No Done by Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dispensed by: <input type="checkbox"/> Truck <input type="checkbox"/> Hydrant <input type="checkbox"/> Gas Pump <input type="checkbox"/> Gas Pit <input type="checkbox"/> Other _____	
Annual Gallonage: Airline _____	General Aviation _____ Military _____
Type of Fuel Sold: AV Gas <input type="checkbox"/> Jet Fuel <input type="checkbox"/> Aircraft Auto Gas <input type="checkbox"/>	
Fuel Storage Facilities: Underground _____ gallons; Above Ground _____ gallons	

TIE DOWN & HANGARING by APPLICANT - are helicopters of others taxied, towed, or moved by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of tie down spaces _____	T-hangars _____	multiple aircraft hangars _____
Number of aircraft _____	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, or 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"/> Yes <input type="checkbox"/> No	
Give details of minimum limits required from: Airlines \$ _____ FBO's \$ _____ Concessionaires \$ _____	
Is applicant named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONSTRUCTION by Independent Contractors - show estimated cost by type of construction			
Helipad/Taxiways	\$ _____ current year	\$ _____ next year	\$ _____ next three years
All others	\$ _____ current year	\$ _____ next year	\$ _____ next three years
Please describe _____			

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.			

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

Is Rotorcraft traffic controlled? ___ Yes ___ No If yes, by ___ FAA ___ Non Federal ___ Unicom - Operated by _____

Is there a heliport manager? ___ Yes ___ No If yes employed by ___ Applicant ___ Independent Contractor (furnish copies of contract)

Is manager on premises during hours of operation? ___ Yes ___ No Hours of Operation _____ to _____

Is Fire protection located at helipad? ___ Yes ___ No - it's _____ 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? ___ Yes ___ No If yes, please describe _____

If applicant is Owner or General Lessee, enclose a diagram of premises or FAA Form 5010-1

Are airport premises used for any recreational or other non-aviation activities? ___ Yes ___ No If yes, please 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	\$ _____	\$ _____
Property Damage Liability	\$ _____	\$ _____
Single Limit Bodily Injury and Property Damage	\$ _____	\$ _____
	Each Aircraft	
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? ___ Yes ___ No

Has any insurer cancelled, declined or refused to renew any airport/aviation insurance? ___ Yes ___ No

Details: _____

Name of last or present airport/aviation insurance company _____

Present limit of liability _____ Present Deductible _____

I/We authorize the following agent or broker to represent me/us in the placing of this insurance:
 Name/address of agent or broker _____

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.

FRAUD WARNING: 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.

Date _____ X _____

Personal signature of Applicant or Authorized Executive is required