

# NASON ASSOCIATES

13851 W. 63rd St., #396

Shawnee, KS 66216

913-677-1550

## HELIPORT INSURANCE APPLICATION

NAME OF APPLICANT: \_\_\_\_\_ Heliport Identifier \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Quotation for Heliport Liability insurance is requested for an annual period beginning: \_\_\_\_\_  
APPLICANT IS: \_\_\_ Individual \_\_\_ Corporation \_\_\_ Partnership (name each partner)  
whose business is: \_\_\_\_\_  
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.  
List all other sources and receipts below. Use separate sheet if needed

Fuel & Lubricants	\$ _____	Helicopter Maintenance	\$ _____		
Tie Downs & Hangaring	\$ _____	Helicopter Charter	\$ _____	1)	\$ _____
Landing Fees	\$ _____	Rental & Instruction	\$ _____	2)	\$ _____
New Helicopters	\$ _____	Restaurant	\$ _____	3)	\$ _____
Used Helicopters	\$ _____	Auto Parking	\$ _____	4)	\$ _____
Helicopter Parts	\$ _____			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: AV Gas \_\_\_ Jet Fuel \_\_\_ Aircraft Auto Gas \_\_\_  
Fuel Storage Facilities: Underground \_\_\_\_\_ gallons; Above Ground \_\_\_\_\_ gallons

**TIE DOWN & HANGARING by APPLICANT** - are helicopters of others taxied, towed, or moved by applicant? \_\_\_ Yes \_\_\_ 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? \_\_\_ No \_\_\_ Yes (attach copies)  
Does applicant use uniform customer contracts for hangaring, service, etc? \_\_\_ No \_\_\_ Yes (attach copies)  
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 \$ \_\_\_\_\_ current year \$ \_\_\_\_\_ next year \$ \_\_\_\_\_ next three years  
Please describe \_\_\_\_\_

**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

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

Describe: \_\_\_\_\_  
 (Use separate sheet if more space is needed.)

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