

NASON ASSOCIATES, INC.

6811 Shawnee Mission Parkway, #312

Overland Park, KS 66202

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.)	
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	\$ _____	\$ _____
Ground Hangarkeepers Liability	Each Aircraft \$ _____	\$ _____

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