

OLD REPUBLIC INSURANCE COMPANY



HELIPORT OPERATIONS LIABILITY SUPPLEMENTAL

APPLICANT INFORMATION

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Applicant is: Individual Corporation Partnership Other (Please Describe) _____

Business of Applicant: _____

Quotation for Heliport Liability insurance is requested for an annual period beginning: _____ to _____

Name of Heliport: _____ Identifier: _____

Located _____ miles _____ (direction) from _____ (city)

Heliport Manager: _____ Phone Number _____

Interest of applicant: Tenant General Lessee Airport Owner Other (Please Describe) _____

HELIPORT DESCRIPTION

Elevation is: _____ ft. Pad Dimension: (1) _____ ft. x _____ ft. (2) _____ ft. x _____ ft.

Number of helicopters based at airport: _____ Commercial _____ General Aviation _____ Military _____

Helipad Construction: Concrete Turf Blacktop Other (Please Describe) _____

Helipad on: Ground Rooftop

Is helipad lighted? Yes No

Is helipad fenced? Yes No

Are there any obstructions? If "YES", please describe: Yes No

Obstruction Type	Distance	Height

Is helipad available for public use? Yes No

Is rotocraft traffic controlled? Yes No

By: Tower Unicom Operated by: _____

Are there any standardized approach procedures? Yes No

If "YES", describe: _____

Is there a helipad manager? Yes No

Employed by: Applicant Independent Contractor *(Furnish a copy of the contract.)*

Is manager on premises during hours of operation? Yes No

Hours of Operation: _____ to _____

Who maintains the helipad? _____

Do you receive patients by helicopter? Yes No

Is a Fire Station located at airport? Yes No

If "NO", how many miles away? _____

Does the applicant own, operate or maintain any navigational aids? Yes No

If Yes, describe: _____

If Applicant is Owner or General Lessee, enclose a diagram of premise or FAA Form 5010-1.

Describe training of ground personnel:

HELIPORT DESCRIPTION CONT'

Largest helicopter using heliport: Make/Model: _____ Value: \$ _____

Total Estimated Helipad Arrivals & Departures	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers (enplaned)			
Airline (landings)			
General Aviation (landings)			
Military (landings)			

OPERATIONS OF APPLICANTAre aircraft of others taxied, towed, or moved by applicant? Yes No

New Helicopter Sales	\$	Used Helicopter Sales	\$
Helicopter Part Sales	\$	Helicopter Maintenance	\$
Helicopter Charter	\$	Other	\$
Total	\$		

State number of Aircraft owned or operated by applicant: _____ Number of Helicopters _____

NON-OWNED AIRCRAFT LIABILITY COVERAGE

Pilots	Helicopter Type	Max Seating	Max Value
<input type="checkbox"/> Piloted by applicant's employees			\$
<input type="checkbox"/> Piloted by others			\$

*Applicant's employee pilots must attach a pilot history form.***COMMENTS**