

AVIATION INSURANCE MANAGERS, INC.

11650 CLEVELAND AVENUE, N.W.
UNIONTOWN, OHIO 44685
PHONE: (800) 827-4554 FAX: (330) 494-8600

HELIPORT LIABILITY APPLICATION

I. APPLICANT INFORMATION

- Name: _____
- Mailing Address(es): _____
- Telephone: _____; Fax: _____; Email: _____
- Name of the present Aviation Insurer and Expiration date(s): _____
- Has any insurer canceled or declined to renew any insurance? _____
- Effective from _____ (A.M.) _____ to 12:01 A.M. _____

II. GENERAL INFORMATION

- APPLICANT IS: _____ INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP
WHOSE BUSINESS IS: _____
- NAME OF HELIPORT: _____ LOCATED IN: _____ (CITY, STATE)
- HELIPORT IDENTIFIER: _____
- IS THERE A HELIPORT MANAGER? _____ Y/N EMPLOYED BY: _____ APPLICANT _____ OTHER
(SPECIFY) _____
HELIPORT MANAGERS NAME: _____ PHONE NUMBER: _____
- APPLICANT IS: _____ TENANT _____ GENERAL LESSEE _____ HELIPORT OWNER

III. PREMISES LIABILITY

- FUELING: ON PREMISES? _____ Y/N DONE BY APPLICANT? _____ Y/N
DISPENSED BY: _____ TRUCK _____ HYDRANT _____ GAS PUMP _____ GAS PIT _____ OTHER
- ANNUAL GALLONAGE: AIRLINE _____ GENERAL AVIATION _____ MILITARY _____
- TYPES OF FUEL SOLD: _____ AV GAS _____ JET FUEL _____ AIRCRAFT AUTO GAS _____ OTHER
- FUEL STORAGE FACILITIES: UNDERGROUND: _____ (GALLONS) ABOVE GROUND: _____ (GALLONS)
- STATE NUMBER OF: ELEVATORS _____ ESCALATORS _____ MOVING SIDEWALKS _____
- Applicant's Vehicles - indicate the number and type of UNLICENSED vehicles owned and/or operated by Applicant, and maintained for use exclusively on Heliport Premises:
FUEL TRUCKS _____; SWEEPERS _____; SNOW REMOVAL _____
FIRE ENGINES _____; TUGS _____; APU CARTS _____
HYDRANT CARTS _____; PICK-UP TRUCKS _____; PASSENGER CARS _____
GOLF CARTS _____; OTHER (Describe) _____

IV. PRODUCTS/COMPLETED OPERATIONS

INDICATE ESTIMATED ANNUAL GROSS RECEIPTS

SALE OF FUEL & LUBRICANTS	\$ _____	HELICOPTER MAINTENANCE	\$ _____
TIEDOWNS HANGARING	\$ _____	SALE OF HELICOPTER PARTS	\$ _____
LANDING FEES	\$ _____	AUTO PARKING	\$ _____
SALE OF NEW HELICOPTERS	\$ _____	RESTAURANT	\$ _____
SALE OF USED HELICOPTERS	\$ _____	OTHER	\$ _____

V. GROUND HANGARKEEPERS LIABILITY

- 1) ARE HELICOPTERS OF OTHERS TAXIED, TOWED OR MOVED BY APPLICANT? _____ YES _____ NO
- 2) TOTAL NUMBER OF: TIEDOWN SPACES _____ T-HANGARS _____ GROUP HANGARS _____
- 3) MAXIMUM VALUE OF ANY AIRCRAFT: TIED DOWN _____ HANGARED _____
- 4) AVERAGE VALUE OF ANY AIRCRAFT: TIED DOWN _____ HANGARED _____

VI. INDEPENDENT CONTRACTORS LIABILITY**SHOW ESTIMATED COST BY TYPE OF CONSTRUCTION:**

HELIPAD/TAXI WAYS \$ _____ DESCRIBE WORK _____

ALL OTHERS \$ _____ DESCRIBE WORK _____

VII. CONTRACTUAL LIABILITY

- 1) HAS APPLICANT ENTERED INTO ANY WRITTEN AGREEMENTS ASSUMING THE LIABILITY OF OTHERS (I.E. LEASE OF PREMISES, FUEL SUPPLIER, EQUIPMENT LEASE ETC? _____ YES _____ NO
- 2) DOES APPLICANT REQUIRE HELICOPTER OWNERS/OPERATORS TO INCLUDE APPLICANT AS ADDITIONAL INSURED? _____ YES _____ NO
- 3) MINIMUM LIMITS REQUIRED: AIRLINES \$ _____ FIXED BASE OPERATORS \$ _____
CONCESSIONAIRES \$ _____; OTHERS (SPECIFY) \$ _____

VIII. HELIPORT DESCRIPTION

- 1) ELEVATION: _____ FEET 2) IS HELIPAD LIGHTED? _____
- 3) PAD DIMENSIONS: (A) _____ FT. BY _____ FT. (B) _____ FT. BY _____ FT.
- 4) NUMBER OF HELICOPTERS BASED AT HELIPORT: AIRLINE _____ GENERAL AVIATION _____
MILITARY _____ OTHER (SPECIFY) _____
- 5) HELIPAD CONSTRUCTION: _____ CONCRETE _____ TURF _____ BLACKTOP _____ OTHER _____
- 6) HELIPORT IS ON: _____ GROUND _____ ROOF - HEIGHT ABOVE GROUND: _____
- 7) OBSTRUCTIONS: (A) TYPE _____ DISTANCE _____ HEIGHT _____
(B) TYPE _____ DISTANCE _____ HEIGHT _____
- 8) IS HELIPAD AVAILABLE FOR PUBLIC USE? _____ YES _____ NO
- 9) IS ROTORCRAFT TRAFFIC CONTROLLED? _____ YES _____ NO - BY: _____ FAA _____ UNICOM
OPERATED BY: _____
- 10) IS MANAGER ON PREMISES DURING HOURS OF OPERATION _____ YES _____ NO
HOURS OF OPERATION: _____ TO _____
- 11) FIRE PROTECTION LOCATED AT HELIPAD _____ YES _____ NO. IT IS _____ MILES FROM HELIPAD
- 12) IS HELIPAD AREA FENCED? _____ YES _____ NO
- 13) WHO MAINTAINS THE HELIPAD? _____
- 14) DOES THE INSURED OWN, OPERATE OR MAINTAIN ANY AIDS TO NAVIGATION? _____. IF SO,
DESCRIBE: _____
- 15) ARE AIRPORT PREMISES USED FOR ANY RECREATIONAL OR OTHER NON-AVIATION ACTIVITIES?
_____. IF SO, DESCRIBE: _____
- 16) LIST ALL COMMERCIAL HELICOPTER SERVICES OR SCHEDULED AIR TAXIS THAT SERVE HELIPORT:

IX. NON-OWNED AIRCRAFT LIABILITY

___ 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!**

X. AIRCRAFT UTILIZING HELIPORT

1) LARGEST HELICOPTER USING HELIPORT: TYPE: _____ VALUE \$ _____
 2) TOTAL ESTIMATED ANNUAL NUMBER OF TAKEOFFS AND LANDINGS COMBINED FOR:
 GENERAL AVIATION HELICOPTERS: _____
 MILITARY HELICOPTERS: _____
 SCHEDULED HELICOPTER SERVICES: _____

XI. COVERAGES & LIMITS REQUESTED

LIMITS:

\$ _____ Each Occurrence-Combined Single Limit, Bodily Injury and Property Damage

(An annual aggregate applies to products/completed operations & _____)

COVERAGES REQUESTED:

- Premises & Operations - **AMENDED TO INCLUDE LIABILITY ARISING OUT OF THE USE OWNERSHIP OR OPERATION OF MOBILE EQUIPMENT WHILE ON AIRPORT PREMISES.
- Products & Completed Operations
- Designated Contractual Liability
- Host Liquor Liability
- Incidental Medical Malpractice Liability
- Owners & Contractors Protective
- Medical Payments: \$ _____ each person/\$ _____ each occurrence
- Personal Injury including Advertising Injury
- Ground Hangarkeepers Liability: \$ _____ Each Aircraft
 \$ _____ Each Occurrence
 Deductible: \$ _____ Each _____
- Fire Legal Liability: \$ _____ Any One Fire
- Other (Specify) _____

XII. LOSS INFORMATION

Describe all Heliport & Non-Owned Aircraft Losses (including but not limited to premises, products, completed operations, hangarkeepers, independent contractors, etc.):

<u>DATE</u>	<u>LOCATION</u>	<u>DESCRIPTION</u>	<u>AMOUNT PAID OR RESERVED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE TO NEW YORK APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “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.”

NOTICE TO KENTUCKY APPLICANTS: “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.”

NOTICE TO PENNSYLVANIA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND SUBJECT TO SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES, ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT REGULATORY AUTHORITIES.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF BENEFITS.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.”

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD. 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. I/W E UNDERSTAND THAT NO INSURANCE IS IN FORCE UNLESS AND UNTIL ("UNDERWRITERS" STATED IN SECTION I "INSURER" ON THE FIRST PAGE OF THIS APPLICATION) EFFECTS A BINDER OF INSURANCE OR ISSUES A POLICY. IT IS UNDERSTOOD, HOWEVER, THAT IF INSURANCE IS ORDERED FROM AND ACCEPTED BY THE "UNDERWRITERS", THE FULL AMOUNT OF THE PREMIUM BECOMES IMMEDIATELY DUE AND PAYABLE. I/W E AUTHORIZE THE "UNDERWRITERS" TO INVESTIGATE ALL OR ANY QUALIFICATIONS OR STATEMENTS CONTAINED HEREIN.

DATE _____

PERSONAL SIGNATURE OF APPLICANT OR AUTHORIZED EXECUTIVE _____