

HELIPORT INSURANCE APPLICATION

Sterling Risk Management, Inc.
2111 Chestnut Avenue, Suite 215
Glenview, IL 60025
Phone: 847-229-9811 Fax: 847-229-1515

Producer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

NAME OF APPLICANT: _____ Heliport Identifier _____

ADDRESS: _____

APPLICANT IS: Individual Corporation Partnership (name each partner)
whose business is: _____

Quotation for heliport Liability insurance is requested for an annual period beginning _____ 20____
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.

Fuel & Lubricants	\$ _____	Helicopter Maintenance below.	List all other sources and receipts Use separate sheet if needed.
Tiedowns & Hangaring	\$ _____	Helicopter Charter	\$ _____
Landing Fees	\$ _____	Rental & Instruction	\$ _____
New Helicopters	\$ _____	Restaurant	\$ _____
Used Helicopters	\$ _____	Auto Parking	\$ _____
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: tiedown spaces _____; T-hangars _____; multiple aircraft hangars _____
Number of aircraft: tied down _____; 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, 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: Airline \$ _____, 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 (describe) \$ _____ current year \$ _____ next year; \$ _____ next three years

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 _____
 Heliport Construction: [] Concrete [] Turf [] Blacktop [] Other . Is helipad lighted [] No [] Yes
 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
 Rotorcraft traffic is controlled [] No [] Yes – by [] FAA [] Non Federal [] Unicom – Operated by: _____
 Is there a heliport manager? [] No [] Yes – employed by: [] applicant [] independent contractor (furnish copies of contract)
 Is manager on premises during hours of operation? [] Yes [] No: Hours of operation: _____ to _____
 Fire protection located at helipad [] Yes [] No – it is _____ 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? [] No [] Yes – describe _____
 If applicant is Owner or General Lessee, enclose a diagram of premise or FAA Form 5010-1
 Are airport premises used for any recreational or other non-aviation activities? [] No [] Yes (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 HELIPORT:	Helicopter _____	Value \$ _____	
	Present	Next	Following
Total estimated:	Year	Year (est.)	Year (est.)
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	\$ XXX	\$
Property Damage Liability	\$ XXX	\$
Single Limit Bodily Injury and Property Damage	\$ XXX	\$
Ground Hangarkeepers Liability	Each Aircraft \$	\$

LOSS HISTORY and PREVIOUS AVIATION INSURANCE Explain each "Yes" answer
 Has applicant had any airport/aviation losses/claims during last five years? [] No [] Yes
 Has any insurer cancelled, declined or refused to renew any airport/aviation insurance? [] No [] Yes
 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.

The application does not commit the Insurer to any liability nor make the Applicant liable for any premium unless and until ACE Property and Casualty Insurance Company specifically so advises the Applicant's Agent or Broker regardless of when this Application may have been received by Westchester Fire Insurance Company.

Date _____ X _____
 Personal signature of Applicant or Authorized Executive is required

Any person who knowingly and with intent to defraud an 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.
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.