



Phoenix Aviation Managers, Inc.

P.O. Box 440757  
Kennesaw, Georgia 30160

15660 N. Dallas Parkway Suite 1000  
Dallas, Texas 75248

**HELIPORT OPERATORS LIABILITY INSURANCE APPLICATION**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
Street Town or City State Zip

Applicant is:  Individual  Corporation  Partnership (name each partner) \_\_\_\_\_

whose business is \_\_\_\_\_

Insurance is requested from \_\_\_\_\_ 20 \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

Name of Heliport \_\_\_\_\_ Identifier \_\_\_\_\_ located \_\_\_\_\_ miles \_\_\_\_\_ of \_\_\_\_\_  
(north, east, south, west) (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	
Fuel & Lubricants	\$ _____	Helicopter Maintenance	\$ _____	Other: _____	
Tie Down & Hangaring	\$ _____	Helicopter Charter	\$ _____	_____	\$ _____
Landing Fees	\$ _____	Rental & Instruction	\$ _____	_____	\$ _____
New Helicopters	\$ _____	Food & Beverages	\$ _____	_____	\$ _____
Used Helicopters	\$ _____	Auto Parking	\$ _____	_____	\$ _____
Helicopter Parts	\$ _____			Total	\$ _____

(Use separate sheet if necessary)

**FUELING** – On premises  NO  YES Done by applicant  NO  YES

Fueling is by:  Truck  Hydrant  Gas pump  Gas pit  Other \_\_\_\_\_

Annual Gallonage: **Airline** \_\_\_\_\_ gallons **General Aviation** \_\_\_\_\_ gallons **Military** \_\_\_\_\_ gallons

Type of fuel sold:  AVGAS  JET FUEL  AICRAFT 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?  NO  YES

Who provides tie down ropes/chains, etc.? \_\_\_\_\_

Number of: Tie down 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 airport premises:

Fuel Trucks \_\_\_\_\_ Sweepers \_\_\_\_\_ Snow Removal \_\_\_\_\_ Fire Engines \_\_\_\_\_ Tugs \_\_\_\_\_

Hydrant Cars \_\_\_\_\_ Pickup Trucks \_\_\_\_\_ Passenger Cars \_\_\_\_\_ Other \_\_\_\_\_

State number of: Elevators \_\_\_\_\_ Escalators \_\_\_\_\_ Moving Sidewalks \_\_\_\_\_

State number of Aircraft owned or operated by applicant \_\_\_\_\_ number of Helicopters \_\_\_\_\_

**IMPORTANT: COMPLETE ALL ITEMS**

**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?  NO  YES

Give details of minimum limits required from: Airlines \$ \_\_\_\_\_ FBO's \$ \_\_\_\_\_ Concessionaires \$ \_\_\_\_\_

Is applicant named as Additional Insured?  NO  YES

**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 is \_\_\_\_\_ 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?  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?  NO  YES

Is rotorcraft traffic 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?  NO  YES Hours of operation \_\_\_\_\_ to \_\_\_\_\_

Fire protection located at helipad?  NO It is \_\_\_\_\_ miles from the helipad  YES

Is helipad area fenced?  NO  YES Who maintains the helipad? \_\_\_\_\_

Does the applicant own, operate or maintain any navigational aids?  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 during the next three years: \_\_\_\_\_

TRAINING: Describe training of ground personnel: \_\_\_\_\_

Largest value helicopter using heliport: Helicopter \_\_\_\_\_ Value \$ \_\_\_\_\_

<b>Total Estimated Arrivals &amp; Departures:</b>	<b>PRESENT YEAR</b>	<b>NEXT YEAR (EST)</b>	<b>FOLLOWING YEAR (EST)</b>
Revenue Passengers (enplaned)	_____	_____	_____
Airline Helicopter (landings)	_____	_____	_____
General Aviation Helicopter (landings)	_____	_____	_____
Military Helicopter (landings)	_____	_____	_____

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<b>LIABILITY COVERAGE</b> State Limits of Liability Desired	<b>EACH PERSON</b>	<b>EACH OCCURRENCE</b>
Bodily Injury Liability	XXXX	
Property Damage Liability	XXXX	
Single Limit Bodily Injury and Property Damage	XXXX	
	<b>EACH AIRCRAFT</b>	<b>EACH LOSS</b>
Ground Hangarkeepers' Liability		

<b>LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer</b>	
Has applicant had any airport / aviation losses/claims during the last five years? (Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred) Explain _____	<input type="checkbox"/> NO <input type="checkbox"/> YES
Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? (Not applicable in the following states: Missouri) Explain _____	<input type="checkbox"/> NO <input type="checkbox"/> YES
Name of Last <input type="checkbox"/> or Present <input type="checkbox"/> Aircraft Insurance Company: _____	
Present Limit of Liability: _____ Present Deductible: _____	

All particulars herein are warranted true and complete to the best of my 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. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

#### FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)

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.

**Arkansas** – 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.

**Colorado** – 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 of regulatory agencies.

**District of Columbia** - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida** - 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 of the third degree.

**Hawaii** – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky** – 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.

**IMPORTANT: COMPLETE ALL ITEMS**

**Maine** – 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 insurance benefits.

**Maryland** – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**New Jersey** – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York** – 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, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio** - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

**Oklahoma** – Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon** – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Pennsylvania** – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

**Vermont** - 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company Agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**IMPORTANT: COMPLETE ALL ITEMS**