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HELIPORT OPERATORS LIABILITY INSURANCE APPLICATION

Name of Applicant

Address

Applicant is: Individual Corporation Partnership Other

whose business is

Insurance is requested from 20 to 20

Name of Heliport Identifier located miles of

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 AUTO FUEL Type of fuel sold: AVGAS JET FUEL AUTO FUEL

Fuel Storage Facilities: **Underground** gallons **Above ground** gallons

TIE DOWN & HANGARING by APPLICANT – Are helicopters of others taxed, 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		

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

<input type="checkbox"/> Piloted by applicants employees:	Hours per year	Helicopter type	Maximum Seating
<input type="checkbox"/> 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:

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

TRAINING: Describe training of ground personnel:			
Largest value helicopter using heliport: Helicopter		Value \$	
Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING 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	XXXX	
Property Damage Liability	XXXX	
Single Limit Bodily Injury and Property Damage	XXXX	
	EACH AIRCRAFT	EACH LOSS
Ground Hangarkeepers' Liability		

LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer	
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.

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

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.

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 knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 ON ALL SIDES