OLD REPUBLIC INSURANCE COMPANY



HELIPORT OPERATIONS LIABILITY SUPPLEMENTAL

Name:Street:		
City: State:	Zip Code:	
Applicant is:	scribe)	
Business of Applicant:		
Quotation for Heliport Liability insurance is requested for an annual period beginning:	0	
Name of Heliport: Identi	fier:	
Located miles (direction) from		(ci
Heliport Manager: Pho	ne Number	
Interest of applicant: Tenant General Lessee Airport Owner Other (Please Describ	e)	
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:	D'ataura	Yes No
Obstruction Type	Distance	neight
Is helipad available for public use?	L	○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?		
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
		○Yes ○ No
Is a Fire Station located at airport?		
Is a Fire Station located at airport?		○Yes ○ No
Is a Fire Station located at airport? If "NO", how many miles away?		○Yes ○ No
Is a Fire Station located at airport? If "NO", how many miles away? Does the applicant own, operate or maintain any navigational aids?		○Yes ○ No

Total Estimated Helipad Arrivals & Departures Revenue Passengers (enplaned) Airline (landings) General Aviation (landings) Military (landings) ERATIONS OF APPLICANT exaircraft of others taxied, towed, or moved by applicant? Yes No ew Helicopter Sales \$ Used Helicopter Sales \$ elicopter Part Sales \$ elicopter Charter \$ Other \$ stee number of Aircraft owned or operated by applicant: Number of Helicopters NOWNED AIRCRAFT LIABILITY COVERAGE Pilots Helicopter Type Max Seating Max Value Piloted by applicant's employees \$ Piloted by applicant's employee pilots must attach a pilot history form.	Total Estimated Helipad Arrivals & Departures Revenue Passengers (enplaned) Airline (landings) General Aviation (landings) Military (landings) Are aircraft of others taxied, towed, or moved by applicant? Yes No New Helicopter Sales \$ Used Helicopter Sales \$ Helicopter Part Sales \$ 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 Piloted by applicant's employees \$ \$	Total Estimated Helip Arrivals & Departure						
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