

OLD REPUBLIC INSURANCE COMPANY



HELIPORT OPERATIONS LIABILITY SUPPLEMENTAL

APPLICANT INFORMATION

Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other (Please Describe) _____
Business of Applicant: _____
Quotation for Heliport Liability insurance is requested for an annual period beginning: _____ to _____
Name of Heliport: _____ Identifier: _____
Located _____ miles _____ (direction) from _____ (city)
Heliport Manager: _____ Phone Number _____
Interest of applicant: ☐ Tenant ☐ General Lessee ☐ Airport Owner ☐ Other (Please Describe) _____

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: ☐ Yes ☐ No

Obstruction Type	Distance	Height

Is helipad available for public use? ☐ 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? ☐ Yes ☐ No

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

Is a Fire Station located at airport? ☐ Yes ☐ No

If "NO", how many miles away? _____

Does the applicant own, operate or maintain any navigational aids? ☐ Yes ☐ No

If Yes, describe: _____

If Applicant is Owner or General Lessee, enclose a diagram of premise or FAA Form 5010-1.

Describe training of ground personnel:

HELIPORT DESCRIPTION CONT'

Largest helicopter using heliport: Make/Model: _____ Value: \$ _____

Total Estimated Helipad Arrivals & Departures	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers (enplaned)			
Airline (landings)			
General Aviation (landings)			
Military (landings)			

OPERATIONS OF APPLICANTAre aircraft of others taxied, towed, or moved by applicant? ☐ Yes ☐ No

New Helicopter Sales	\$	Used Helicopter Sales	\$
Helicopter Part Sales	\$	Helicopter Maintenance	\$
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
<input type="checkbox"/> Piloted by applicant's employees			\$
<input type="checkbox"/> Piloted by others			\$

*Applicant's employee pilots must attach a pilot history form.***COMMENTS**