



**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Limits of liability requested for helipad liability \$ \_\_\_\_\_ Each Occurrence

Do you receive patients by helicopter? Yes No

How many helicopter landing pads are on the same premises? \_\_\_\_\_

How many helicopter landing pads are there total? \_\_\_\_\_

Does the named insured use any other aviation/airport premises? Yes No

Where are the helipads located? Lawn Roof Parking Lot  
Other \_\_\_\_\_

Is the helicopter landing pad FAA approved? Yes No

Is the area fenced? Yes No

Are there signs, wind tees, wind socks, flags, or light poles? Yes No

Is the landing area lighted? Yes No

Is the landing area painted for helicopter operations? Yes No

Number of landings in the last 12 months? \_\_\_\_\_

Number of night landings? \_\_\_\_\_

Number of landings anticipated in the next year? \_\_\_\_\_

Is the helipad protected by security personnel during all take-offs and landings? Yes No

Are there written procedures for helicopter landings? Yes No

Are there any helicopters based at the helipad? Yes No  
 If Yes, how many? \_\_\_\_\_

