



# SUPPLEMENTAL HELIPAD QUESTIONNAIRE



1. Named Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Do you receive patients by helicopter? Yes \_\_\_\_\_ No \_\_\_\_\_
4. a. How many helicopter landing pads are there on premises? \_\_\_\_\_  
b. Does the named insured use any other aviation/airport premises? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Where are the helipads located? Lawn \_\_\_\_\_ Roof \_\_\_\_\_ Parking Lot \_\_\_\_\_ Other \_\_\_\_\_
6. Is the helicopter landing pad FAA approved? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is the area fenced? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are there signs, wind tee's, wind socks, flags or light poles? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Is the landing area lighted? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Is the landing area painted for helicopter operations? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Number of landing in the last 12 months? \_\_\_\_\_  
Number of night landings? \_\_\_\_\_  
Number of landings anticipated within next year? \_\_\_\_\_
12. Is the helipad protected by security personnel during all take-offs and landings? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Are there written procedures for helicopter landings? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please attach copy of procedures)
14. Are there any helicopters based at the helipad? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many? \_\_\_\_\_
15. Are any fuel services provided for helicopters at the helipad? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Are any helicopter maintenance, cleaning, repairing, or storing services provided at the helipad? Yes \_\_\_\_\_ No \_\_\_\_\_
17. What helicopter operators are using the helipad? \_\_\_\_\_
18. Are you an additional insured on the helicopter operators policy? Yes \_\_\_\_\_ No \_\_\_\_\_ Limits \_\_\_\_\_
19. Describe all helipad losses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Limits of liability requested for helipad liability: \$ \_\_\_\_\_ each occurrence

ALL OF THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I HAVE NOT KNOWINGLY OR INTENTIONALLY CONCEALED OR MISREPRESENTED ANY FACT. THIS FORM WILL BECOME PART OF THE INSURANCE APPLICATION AND AS SUCH ALL FRAUD STATEMENTS ARE APPLICABLE.

**X** \_\_\_\_\_  
 APPLICANT'S SIGNATURE TODAY'S DATE

Producer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax No \_\_\_\_\_ Email Address \_\_\_\_\_