

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 _____
If yes; where: _____
5. Where is the helipad located? Lawn _____ Roof _____ Parking Lot _____ Other _____ Explain: _____
Address of helipad: _____
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 _____