

APPLICATION FOR HELIPORT LIABILITY INSURANCE

Check which is desired: <input type="checkbox"/> A Quotation <input type="checkbox"/> Insurance Policy <input type="checkbox"/> Renewal Policy	
Applicant	
Name of Applicant:	
Address:	
Business of Applicant:	
Form of Business: <input type="checkbox"/> Public entity <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe)	
Applicant's interest in heliport: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Other (Describe)	
Applicant's occupancy is: <input type="checkbox"/> Entire <input type="checkbox"/> Part (Describe)	
Description of Heliport	
Locations(s) of heliport(s) to be insured:	
Submit copies of FAA Form 7480-1 "Notice of Landing Area Proposal," FAA Letter of Approval if available, pictures, sketches, architect's plans and drawings showing details of heliport, orientation, adjacent buildings and obstacles, and FAA approved approach/departure routes.	
Is heliport approved by FAA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed by? <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
Heliport is on <input type="checkbox"/> Ground <input type="checkbox"/> Rooftop If "Rooftop," height above ground <input type="checkbox"/> Overwater structure <input type="checkbox"/> Fenced <input type="checkbox"/> Other (describe)	
Touchdown area dimensions	by Type of Surface: Heliport elevation:
Is heliport: Lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe:	
Equipped with wind direction indicator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is indicator lighted for night use? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipped with air/ground radio? <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipped with VASI or PAPI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe type, height, distance and marking/lighting of obstructions to approach/departure routes:	
Are all adjacent power and telephone lines marked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how?	
Describe security and public access barriers to heliport	

Heliport Operations

Purpose of use:	<input type="checkbox"/> Executive Transport <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Other (Describe)		
Types of use:	<input type="checkbox"/> Day operation only <input type="checkbox"/> Day and night operation <input type="checkbox"/> VFR only <input type="checkbox"/> VFR and IFR <input type="checkbox"/> Public <input type="checkbox"/> Private (use only by authorized persons) <input type="checkbox"/> Personal (use only by owner)		
List regular uses of heliport?			
Are any helicopters regularly using heliport?			
Are any helicopters based at heliport? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list names of helicopter operator(s) and type(s) of helicopter:			
Total number of landings in last 12 months		Total number of night landings in last 12 months	
Estimated total number of landings in next 12 months		Estimated total number of night landings in last 12 months	
Who is responsible for operation, inspection and maintenance of heliport?			
How often are inspections of heliport made and logged?			
Is heliport attended by ground personnel at all times during aircraft operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", by whom?			
Describe training of personnel who have access to heliport in heliport procedures and safety:			
Describe heliport crash, fire and rescue protection. State distance and location of fire service:			
Are helicopters fueled at heliport? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe fueling tanks and equipment:			
Who own fuel tanks and equipment?		Name of fuel supplier:	
Who is responsible for fuel tank and equipment maintenance?			
Who is responsible for fueling operations?			
Are helicopters "hot fueled" <input type="checkbox"/> Yes <input type="checkbox"/> No			
Value of helicopters in Applicant's care, custody or control at any one time:		Maximum all helicopters \$	
		Maximum any one helicopter \$	
During the next 12 months will the Applicant be involved in?		If applicable, estimated costs of work to be performed by:	
		Applicant	Contractor(s)
New construction at heliport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Structural alterations of heliport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

Insurance and Claims History	
Insurance requirements for regular users of heliport:	
Minimum insurance liability limits you require regular users to maintain:	\$
Is applicant an additional insured under regular users' policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are certificates of insurance from all regular users on file with the Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Applicant held harmless in any contracts with regular users ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Applicant signed any agreements assuming liability of others in respect to heliport operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", attach copies of agreements	
Loss experience: List all claims for the last five years. Attach separate sheet if necessary:	
Has any insurer cancelled or refused to renew the Applicant's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of current or last heliport insurance company (if none, so state):	Policy expiration date:
Name of current general liability insurance company for adjacent premises occupied by Applicant:	
Policy expiration date:	Policy Limit: \$

Workers Compensation insurance now in effect:	
Carrier:	Expiration Date:
Limits:	

Insurance is requested from 12:01 A.M. to 12:01 A.M. (standard time at address of applicant)

Coverages and deductibles requested	Limits of Insurance	Deductible
Bodily injury and property damage liability:	\$	
Medical payments:	\$ Each person	
Hangarkeepers' liability:	\$ Each aircraft	\$ Each aircraft

Name of agent or broker:	
Address: 2079 S. Atlantic Blvd., Ste. I, Monterey Park, CA 91754 * PO Box 227030 . Los Angeles CA 90022-0730	
<input checked="" type="checkbox"/> Broker <input type="checkbox"/> Agent	
DCI Insurance & Risk Services Bus: 888.457.4426 * Fax: 323.576.4552 * Email: contact@dci-insurance.com	

Any person who knowingly and with intent to defraud any insurance company, files a statement of fact containing any false, incomplete or misleading information commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

ARKANSAS AND LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD WARNING: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that such person is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: WARNING: Any person who knowingly, and with intent to injure. Defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to material fact, may be violating state law.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE AND VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/We agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between Me/Us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date: _____ Applicant's signature and title: _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE COMPANY AGREES TO EFFECT THIS INSURANCE.