

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 _____