

HOSPITAL HELIPAD NON-OWNED AIRCRAFT LIABILITY INSURANCE APPLICATION

Applicant's Name _____
Include All Entities and Persons to be Insured

Website: _____

Mailing Address _____

Effective from _____ until _____ Both at 12:01 AM standard time at the address above.

Business of Applicant _____

Applicant is: ☐ Individual(s) ☐ Corporation
☐ Other (describe) _____

Hospital Affiliations _____

LIABILITY NON-OWNED COVERAGE

Limits of Liability Requested

| | Each Person | Each Occurrence |
|---|---------------------|------------------|
| <input type="checkbox"/> Bodily Injury Liability Excluding Passengers | \$ | \$ |
| <input type="checkbox"/> Property Damage Liability | Not Applicable | \$ |
| <input type="checkbox"/> Passenger Bodily Injury Liability | \$ | \$ |
| <input type="checkbox"/> Single Limit _____ cluding Passengers | xxxx | \$ |
| <input type="checkbox"/> With Passenger Liability Limited To: | \$ | xxxx |
| <input type="checkbox"/> Medical Payments Crew is: <input type="checkbox"/> included <input type="checkbox"/> excluded | \$ | \$ |
| <input type="checkbox"/> Other Liability (Specify) _____ | \$ | \$ |
| <input type="checkbox"/> Physical Damage to Non-Owned Aircraft | Each Aircraft \$ | Deductible \$ |
| <input type="checkbox"/> Maximum number of seats of largest aircraft to be insured: _____ Total Seats | | |

HELIPAD LIMIT OF LIABILITY

\$

\$

NON-OWNED AIRCRAFT USE

SHOW ALL TYPES OF AIRCRAFT USED BY OR ON BEHALF OF APPLICANT TO BE INSURED

| Type of Aircraft | Operator | Limits Carried | Actual Hours Used Last 12 months | Estimated Hours of Use Next 12 Months |
|--|----------|----------------|-------------------------------------|--|
| Rented Aircraft (Aircraft rented and piloted by you or by your employees) | | | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Charter Aircraft (Aircraft chartered from and piloted by the owner/operator) | | | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Employee Operated Aircraft (Aircraft owned or operated by your employee and flown on company business) | | | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

HELIPAD INFORMATION

1. Do you receive patients by helicopter? Yes_____ No_____
2. a. How many helicopter landing pads are there on premises? _____
b. Does the named insured use any other aviation/airport premises? Yes_____ No_____
3. Where are the helipads located? Lawn_____ Roof_____ Parking Lot_____ Other_____
4. Is the helicopter landing pad FAA approved? Yes_____ No_____ Provide Identifier: _____
5. Is the area fenced? Yes_____ No_____
6. Are there signs, wind tee's, wind socks, flags or light poles? Yes_____ No_____
7. Is the landing area lighted? Yes_____ No_____
8. Is the landing area painted for helicopter operations? Yes_____ No_____
9. Number of landing in the last 12 months? _____
Number of night landings? _____
Number of landings anticipated within next year? _____
10. Is the helipad protected by security personnel during all take-offs and landings? Yes_____ No_____
11. Are there written procedures for helicopter landings? Yes_____ No_____ (If yes, please attach copy of procedures)
12. Are there any helicopters based at the helipad? Yes_____ No_____ If yes, how many? _____
13. Are any fuel services provided for helicopters at the helipad? Yes_____ No_____
14. Are any helicopter maintenance, cleaning, repairing, or storing services provided at the helipad? Yes_____ No_____
15. What helicopter operators are using the helipad? _____
16. Are you an additional insured on the helicopter operators policy? Yes_____ No_____ Limits _____

SHOW ALL AIRCRAFT USES BY OR ON BEHALF OF APPLICANT TO BE INSURED.

MUST TOTAL 100%

_____ % Corporate executive (Flown by professional pilots employed for this purpose and used to transport your employees and guests)

_____ % Pleasure or business (Not flown by professional pilots employed for this purpose)

_____ % Commercial (Flights made for hire, money or any form of reward or compensation)

Fully Describe _____

_____ % Other (Describe all uses not shown above) _____

Are any Non-Owned Hot Air Balloons, "Blimps", Military Surplus, "Ultra-Light", Experimental, or Home Built Aircraft used? ☐ Yes ☐ No

Explain Details _____

Describe all navigation outside the USA and Canada _____

Has applicant issued any instructions permitting / prohibiting use of Non-Owned Aircraft? ☐ Yes ☐ No

Describe _____

Describe all Aircraft owned, registered to, or leased for more than 30 days to Applicant, or Aircraft in which Applicant has any financial interest _____

Number of full time / part time employees flying non-owned aircraft on behalf of Applicant _____

Attach Pilot history / qualification form for each employee pilot above or each individual applicant. ☐ Attached

Describe all helipad losses _____

OTHER INSURANCE

Minimum limits required of aircraft owners/operators? ☐ Yes ☐ No

Minimum amount: \$ _____

Is Applicant (a) "held harmless?" ☐ Yes ☐ No

(b) named as an additional insured? ☐ Yes ☐ No

on aircraft owner's/operator's insurance policy?

Name of current Applicant's Non-Owned Aircraft Insurance carrier (if none, so state)

Expiration date of current coverage _____

To the Applicant's knowledge no damage has been sustained to, nor claims by others have arisen out of the operation of any non-owned aircraft in the custody of the Applicant except _____

Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew a non-owned aircraft policy held by the Applicant or any of the pilots named herein? (Note: Missouri applicants Do Not Reply) ☐ Yes ☐ No

If so, explain: _____

FRAUD WARNINGS

NOTICE TO ALL APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: 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.

FRAUD WARNINGS CONTINUED

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10,365:3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X _____
Applicant's Signature Today's Date

(Producer will fill in this information)

Producer World Aerospace Insurance Services

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