



HeloEvac, LLC. Subscription Application

Please e-mail to info@heloevac.com			
Section 1 – Company Information			
Company Name			
Street Number and Name	City	State	Zip
Safety Rep. Contact Person	Safety Rep. Contact Person E-mail	Company Phone	Mobile Phone
Alternate Contact Person/Title	Alternate Contact Person E-mail	Company Phone	Mobile Phone
Accounting Person	Accounting Person E-mail	Company Phone	Mobile Phone
Tax ID Number	Main Company Phone Number	Company Fax	Years in Business
Description of Operations			

Section 2 – Employee Information	
Question	Answer
1. Number of employees in company?	
2. Number of office employees? Include shop personnel, drivers, and other personnel that do not work offshore.	
3. Number of offshore employees?	
4. Number of offshore employees at one time?	
5. Number of office personnel that may visit offshore locations?	
6. Percentage of employees on following sites:	
a. Fixed Platforms	
b. Offshore - Vessels/Jackups/Barges	
c. Land – excluding office personnel	
d. Inland water way – Vessels/Jackups/Barges	
e. Floating Platforms	

Section 3 – Safety and Claims History				
Question				Answer
1. Does company have formal safety program?				
2. Does company preform pre-employment physicals?				
3. Preferred Hospital				
4. Has company had Helicopter Medical Evacuations in the past 5 years? If Yes, please provide details below:				
No.	Date	Work Related/ Non-Work Related	Description of Injury/Illness	Cost of Flight
1.				
2.				
3.				
4.				
5.				

Subscriber Signature _____ Date _____
 HeloEvac Signature _____ Date _____