

Aviation Supplemental Workers' Compensation Application

General information

Applicant name

Contact name

Email address

Website address

Date

Do you have a separate Workers' Compensation policy in force for any non-aviation related employees?

Description of operation

Do you operate internationally? (If YES, probable destinations and estimated # of trips annually)

Do you operate outside the W. Hemisphere? If so, where and how many trips are estimated within the next 12 months?

What is your average layover duration?

Are any employees based outside the U.S.?

Do you have any exposure that requires USL&H, Defense Base, Outer Continental Shelf Lands Act, FELA, Maritime or Jones Act coverage?

Airport & aircraft section

Please list all owned, managed and/or leased aircraft

	Year	Make	Model	# of Crew	# of Passenger Seats
1					
2					
3					

*For additional aircraft, please attach aircraft schedule

Do you have any nonowned aircraft exposure, if so, what and how often?

What are the average and the maximum number of employees on board any aircraft at any given time?

What is the name of the Hull & Liability Carrier

Airport identifier

Name of airport

Pilot information

Total number of fixed wing

Total number of rotor wing

Fulltime

Part-time

Fulltime

Part-time

Do you utilize or expect to use any flight attendants within the next 12 months?

Fulltime

Part-time

Do you lease or utilize any Independent Contractors? (if yes, please answer the following questions) Yes No

If YES, what is the estimated 1099 payroll expected for the next 12 months?

Do all pilots attend a manufacturer approved training program annually (i.e. -FlightSafety) for each make & model of aircraft operated?

If NO, please provide a detailed description of your training program?

Safety & Loss Control

Do you have a written safety policy?

Yes

No

Is responsibility assigned to a person or committee?

Yes

No

Are meetings and/or training documented?

Yes

No

Signature of applicant

Date