



# Aviation Supplemental Workers' Compensation Application

## General information

Applicant name \_\_\_\_\_ Contact name \_\_\_\_\_

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Email address \_\_\_\_\_ Website address \_\_\_\_\_ Date \_\_\_\_\_

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Do you have a separate Workers' Compensation policy in force for any non-aviation related employees?  
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Description of operation  
 \_\_\_\_\_

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Do you operate internationally? (If YES, probable destinations and estimated # of trips annually)  
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Do you operate outside the W. Hemisphere? If so, where and how many trips are estimated within the next 12 months?  
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What is your average layover duration? \_\_\_\_\_ Are any employees based outside the U.S.? \_\_\_\_\_

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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?  
 \_\_\_\_\_

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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  
 \_\_\_\_\_

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Airport identifier \_\_\_\_\_ Name of airport \_\_\_\_\_

## Pilot information

<b>Total number of fixed wing</b>	<b>Total number of rotor wing</b>
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?**  
 \_\_\_\_\_

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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?**  
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## 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

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Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_