



WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

NAME:

EFFECTIVE DATE:

Detailed Description of Business Operations:

1. Use of Aircraft by number and type – attach schedule:

Name of Hull and Liability Carrier:

	Fixed Wing		Rotor Wing
a. Charter, Sales, I & R	#_____ Type_____		#_____ Type_____
b. Cargo or package Trans:	#_____ Type_____		#_____ Type_____
c. Power/Pipeline patrol:	#_____ Type_____		#_____ Type_____
d. Ag/forestry applications:	#_____ Type_____		#_____ Type_____
e. P & B, Industrial Aide:	Year_____ Make_____ Model_____		#pax seats_____
f. Airlines, commuter	#_____ Type_____	# seats_____	# crew_____

2. Location Details:

Location 1. Airport Identifier_____

Name of Entity_____ FEIN_____

Address_____ Zip Code_____

*Number of Employees*_____ *Max. number on duty at one time*____

Location 2. Airport Identifier_____

Name of Entity_____ FEIN_____

Address_____ Zip Code_____

*Number of Employees*_____ *Max. number on duty at one time*____

Location 3. Airport Identifier_____

Name of Entity_____ FEIN_____

Address_____ Zip Code_____

Number of Employees_____ Max. number on duty at one time____



3. List jet or turbine aircraft: _____
4. List total number of pilots/crew: Fixed Wing – FT____ PT____ Rotor Wing- FT____ PT____
5. Any flight attendants?
6. Maximum number of officers and/or employees in one aircraft at one time.
7. Average number of officers and/or employees in one aircraft at one time.
8. Any international exposure? If so, where and how often? Duration of layovers?
9. Any exposure to U.S. Acts coverage?
 U.S. Longshore & Harbor Workers Act?
 The Defense Base Act?
 Outer Continental Shelf Lands Act?
 Federal Employer’s Liability Act?
10. Any operations outside the Western Hemisphere?
11. Any antique, experimental or ex-military aircraft?
12. Any aerobatic, exhibition or racing aircraft?
13. Any “scheduled operations”?
14. Any seaplane, fish spotting or maritime exposure?
15. Any rotor wing heavy lift, line stringing or logging operations?
16. Any contracts with U.S. Armed Forces?
17. Any operations from unprepared sites?
18. Any exterior cleaning, stripping or spray painting operations?
19. Do employees perform test flights after maintenance or service of aircraft?
20. Any leased or independent contractor employees? _____ Estimated 1099 payroll? _____
21. Does Phoenix Aviation Managers write any other policies for this account? If so, please provide policy number?
22. Describer Safety & Loss Control Program:
 - a. Written statement of safety policy? Yes No
 - b. Written safety program with responsibility assigned? Yes No
 - c. Regular safety meetings with documentation? Yes No
 - d. Compliance with SARA “right to know” statutes? Yes No
 - e. Have you been inspected by OSHA? Yes No

Signed and completed by: _____ Date: _____