



PHOENIX AVIATION
MANAGERS, INC.

NBAA SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Applicant Name:	
Name and Email Address of Primary Point of Contact:	
NBAA Member: YES _____ NO _____	
Description of Operations:	
Year Make & Model of Aircraft(s) operated:	Number of passenger seats:
(Please attach fleet schedule, if more than (1) aircraft)	
Name of your Aviation Hull and Liability Insurance Company:	
Airport Location:	Airport Identifier:
List total number of pilots/crew: Fixed Wing – FT _____ PT _____ Rotor Wing – FT _____ PT _____	
Any Flight Attendants: YES _____ NO _____	If so, how many?
Any leased or independent contractor employees? YES _____ NO _____ If so, how many? _____	Estimated 1099 payroll?
Have all pilots attended the aircraft manufacturer's approved initial or recurrent training school for all aircraft being operated within the previous 12 months?	YES _____ NO _____
Maximum number of officers and/or employees in one aircraft at one time:	
Average number of officers and/or employees in one aircraft at one time:	
Any international exposure? YES _____ NO _____ If so, where?	
How often:	Average duration of layover:
Do you engage in any operation other than Part 91 or Part 135 Charter? YES _____ NO _____	
If so, please describe:	
Do you engage in any seaplane, float, ski or bush operations or have any maritime exposure? YES _____ NO _____	
If so, please describe:	
Any antique, experimental, ex-military, aerobatic, exhibition or racing aircraft exposure? YES _____ NO _____	
If so, please describe:	
Do you have any other Workers' Compensation policies in force? YES _____ NO _____	
If so, who is the Insurance Carrier, policy number and what is the effective date:	
Any exposure to U.S. Acts ?	
USL&H Act?	Federal Employer's Liability Act?
Defense Base Act?	Jones Act?
Outer Continental Shelf Lands Act?	Migration and Seasonal Workers Act?
Describe Aviation Safety & Loss Control Program:	
Written statement of safety policy? YES _____ NO _____	
Written safety program with responsibility assigned? YES _____ NO _____	
Regular safety meetings with documentation? YES _____ NO _____	
Signature of applicant:	Date: