



NBAA SUPPLEMENTAL WORKERS' COMPENSATION APPLICATION

Applicant Name:

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: