

Aviation Supplemental Application

Excess Workers' Compensation

This supplement is filed in conjunction with insurance application for:

Name of Applicant

A. Chartered Aircraft

Number of Flights per Year: _____ Average Number of Employees per Trip: _____

B. Owned or Leased Aircraft

1. Description of Each:						
FAA No.	Year Built	Make & Model	No. of Engines	Capacity Crew/Passengers	Hours Flown Annually	Hangar Location

2. Trip Description:		
Month Frequency	Flight Origin	Flight Destination

3. Description of Maintenance Schedule

4. Description of any accidents involving aircraft during last five years, even if there were no personal injuries:

5. Flight rules permitting number of employees permitted in aircraft at one time:

Pilot Information					
Name	Age	Current Certification Ratings	Date Issued	Total Hours Last 12 months Pilot/Co-pilot	Aircraft Class*

*Denotes single, multi-engine, jet, helicopter, etc.

1. Are pilots employed as full-time professionals? Yes No *If no, please explain:*

2. Detail any medical waivers, violations, or accidents for pilots listed in point no. 4 above:

Date Applicant's Signature Title